FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1-	FOR STATE			EPARTMENT O	FHEALTI		TAL HYGIEN	5 2	1 2	9 6	1
	REGISTRAR ECEASED NAME PE OR PRINTS	Ronald		MIDDLE Dert		iley	TE OF DEA	20. DATE KNOW OF ESTI- DEATH MATE		DAY YEAR	2b. HOL
3. SE		RACE Saucasian	DATE OF BIRTH Feb. DAY 21	1940 43	IF UI		JNDER 24 HRS.	2c. DATE PRONOUNCED DEAD	MONTH 5	DAY YEAR 14 1982	2d HP 1
E C I	Pennsylva	ania	USA	AT COUNTRY?	8. MARR	HED NEVER	MARRIED IVORCED	9 BALTIMOREC Frede	rick C	ounty	MD
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	STATE Laryland	1136 COUNTY	other institution, give erick	RESIDENCE BEFORE ADMI	1		MITS? 13e. STR	EET ADDRESS	tin Fu	rnace Ro	ad
7	ATHER'S NAME FIRST Grov	er		aile y		Doi	maiden name	MIDDLE Eliz a	beth	Thomp	son
160	WAS DECEASED I YES, NO, OR UNKNOW CES	Peace	D FORCES? R OR DATES) time	160-32-7		Mr Will	liam Pr:	ince Ro	01 Roc	kville P e,Md 208	ike 52
AATION, OR REMOVAL.	gove rise couse (o) si lying couse PART 2 OTHER SIGN		(b) DUE TO, OR A	AS A CONSEQUENCES A CONSEQUENCES	E OF	SE OR CONDITION GIV	EN IN PART 1 (a).				
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MEDICAL	21d. INJURY OC WHILE		21e. PLATE O	F INJURY (AT HOME, PRY, FARM, ETC.)	, 211. LC	CATION STREET US 15		CITY OR TOWN	升	Leick	7514
るえ	22a. I certify death resulted ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRINT	AME Rober	OUS DU	nomas, M	Suicide	Homicide TITLE (SPEC	LY MED	Inquiry , termined monner DEALEXAMINER B12 To1: Frederic		5/ly se Ave	1/82
23a.	BURIAL, CREMATI	ON,REMOVAL 18	DATE -17-1982			OR CREMATORY Cemetery	7 Z3d. LC	OCATION FOR TOWN	Freder	unty s	TATE
12	obert E	Dailey o	Soft TA	615 E. Ma	in Thu		DATE REC'D. B	Y REGISTRAR 256.	REGISTRAR'S	SIGNATURE OF A	10000



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14	Pet	4 Chapm	an Brooking		5-31-82	3:15 A
(1)	FEMALE	4 RACE WHITE	S. DATE OF BIRTH MAY 16 DAY 1922	6. AGE (INYEARS LAST BIR	MONTHS DAYS	HOURS MIN.
1000	Od Pa.	76 CITIZEN OF WHAT COUNTRY			R COUNTY OF DEATH DERICK	M
64	TO. CITY OR TOWN OF DEATH FREDERICK	FREDERICK ME	ING HOME OR OTHER INSTITUTION ET ADDRESS) MORIAL HOSPITAL	120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF HOUSEWIF		BUSINESS OR
35	SUAL RESIDENCE (IF NURSING MOVE O 13a, STATE MARYLAND HOW	NTY 13c. CITY OR TO		826 LONG C	ORNER ROAD	
130	4 FATHER'S NAME WILLIAM C.	MIDDLE CHAPMAN Bro	ooking LÜELLA	MIDDLE	McCROY	
S. Pages	16a WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) NO	RMED FORCES? VE WAR OR DATES) 166 SOCIAL SEC 219-12	2204	2-D Bre F. Brooking	eze Branch Co Timonium, Mo	urt 1. 2109
been signed by the minit. Then please in prior to burial, are any injury, ar other	PART 2 OTHER SIGNIFICANT O DATE OF OPERATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		UENCE OF DEATH BUT NOT RELATED TO THE TERM THE OPERATION WAS PERFORMED	MINAL DISEASE OR CONE	206. IF YES, WERE FINDING	GS USED
rial-transit per entol Hygiene Item 18 shaws	OR CONTRIBUTING CAUSE OF DE	P.M.	19	YES NO RED (ENTER NATURE OF INJUR	IN CERTIFYING CAUSES O YES YIN ITEM IB PART I OR PART 2)	NO [
R: After this use as the bu Heolth and M is marked or	220.1 certify that (I) (this hosp	21e. PLACE OF INJURY (ATHOME STREET, FACTORY, OFFICE ital) attended the deceased from	2 - 19 80	, to	31 19 82, the	STATE at (I) (we) last
FRAL DIRECTO se detached for State Dept. of ANT: If Item 21	22b. SIGD MURE 27d. PHYSICIAN 9 NAME (1798)	at) view the body offer death.	DEGREE	MEDICAL STAF	22c. DAJE SI	
should be det with the Stote IMPORTANT:	230. BURIAL, CREMATION, REMOVAL	massus. m.o	Di mai	23d. LOCATION	wir, nd.	
3P	(SPECIFY) Remova	6/1/82		CITY OR TOWN	COUNTY	STATE

Balto., Md.

MIDDLE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO. 20 DATE OF DEATH MONTH

26 HOUR

250. DATE REC'D. BY REGISTRAR 256, PEGISTRAR SIGNAR

IJUZ

NUL

item 14 #G568 6/28/82 ph

FIRST

FOR

REGISTRAR

1. DECEASED NAME

- STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

24 FUNERAL DIRECTOR

Anatomy Board

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Perse mission char ero.		VELS . 28	estation.	CHINATURAL SEC
		-HATTON		1973,770
	Section 3 - 1	212-17		

BP.

	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENES 2	12964	ì
a Al		CEASED NAME George	e Theodore	Bruchey Sr.	2a. DATE OF DEATH	5 XXX 82 7:00	יסכ
E ()	3 SE	X	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT		HRS.
960	-	Male	White	8 18 1910	71	YRS.	1114.
neroll d		RTHPLACE (STATE OR FOREIGN COUNTRY) aryland	USA	MARRIED X NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OF Frederi	ek County	MD
with with	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATIO	ON 126. KIND OF BUSINESS	
L & led	F	rederick	Frederick Mem	orial Hospital	Farmer	F WORKING LIFE) INDUSTRY Agriculto	or
filled in hould be	13a. :	AL RESIDENCE (IF NURSING HOME OF TATE 136, COL Aryland Fre	R OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) 'N 113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	nymeade Dr.	
ompletely and 2 sl	14. F/	Charles E	dward Bruch	15. MOTHER'S MAIDEN NA Carrie	Mae	McKinney	7
on and c		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES	0462 Evelyn Bru	ichey 7910	ss Runnymeade Dr. derick, Marylar	nd.
g physici an pope emovol. event, th		PART I. DEATH WAS CAUS	nly one couse per line for (0), (b), and ED BY- (TE CAUSE (0)	cutt oryo cordral	thereles	APPROXIMA M INTERVAL BETWEEN ONSET AND DEA	ATH
carb carb , or r		4100	DUE TO, OR AS A CONSEQUE				
offe affar froun		Conditions, if ony, which gove rise to immediate	(b)				
d by the ease ren ol, crem rr ather i		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	NCE OF			
Then pl	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	DITION GIVEN IN PART 110	
on. hos bee ne prio	RTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
p physicie entificate ial-transit ntol Hygin em 18 sta	ü	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI LIFETHER, NOTIFY MEDICAL EXAMIN		21c. HOW INJURY OCCUR			
this carried and Me	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OR TOV	WN COUNTY STATE	F
d 2 7 6 6	2	WHILE IT NOT WHILE IT	(AT HOME, STREET, FACTORY OFFICE, F	ARM, ETC)	CILLOR IOV	COULT	4

21d INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE 22a 1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

226. SIGNATURE DEGREE 228 ADDRESS

PHYSICIAN

MEDICAL STAFF

230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Frederick, Frederick, Md. Burial Cemetery

24 FUNERAL DIRECTOR

obove, (I) (we) (did) (did not) view the body ofter death

1621 Opossumtown Douglas Stauffer

182

22c. DATE SIGNED

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is morked or

Ceorse Theodore Eruchey Sr. 18 1910 21 71 Tredori de County 1 61 40 reception traveries anomial arms. arriand trade deleter of x 7010 unny call in. Charler Edward moley Carrie as commer 2.4-36-0162 velyn brackey rederion, artene STATE OF THE PARTY OF THE STATE Furtal - 6/3/22 . . Wive Tenerary Aredanick, redenick, d.

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22 11 72 arylani de de la contraction d frederick rederick enoughlospital law ascent fountr anyland rederic rederick (11 emolia are. Tall garant varies ils 11 3 0 2 V. iss 210-03-0782 rances shade eich, M. 217 1 Marie Brown I Tolker to the House South - Langua Para 5-16 Miles X 1 15/65/172 James F. Frezer Booker for Frederick His mrigh 5.2/22 to livet Cemetery inchemic', inchemic; I 1021 mosey to me i e . Loudan Stauffer mederick, M.

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STATE OF MARYLAND

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral should be detached for use as the buriof-transit permit. Then please remove carbanpopers. Pages I and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or ather troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows ony

4	FOR - STATE		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYGIFICATE OF DEATH	GIENE 8 2	12967
	REGISTRAR ECEASED NAME N OF PINCI	tarold r	Middle Montrose	Carric o	REG. NO 20. DATE OF DEATH	MONTH DAY YEAR 126 HOUR 5 11 82 8:40 PM
3. SE	Male BIRTHPLACE (STATE ORI	4 RACE	5. DATE		6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	Maryland	U.S.A	AA A DD		P BALTIMORE CITY OF	
F	rederick	Frede	OF HOSPITAL, NURSING HOME SUCH FACILITY, GIVE STREET ADDRESS) Prick Memorial	Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Saleman	IN 126. KIND OF BUSINESS OR
13a.	JAL RESIDENCE (IF NURS STATE Penn.	136 COUNTY Airville	ON GIVE RESIDENCE BEFORE ADMISSION 136. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS Woodbine	Rd. rt 2
14. F	ATHER'S NAME FIRST William	MIDDLE M.	Carrico	15 MOTHER'S MAIDEN NA FIRST Ruth	ME MIDDLE A.	Maslin
	WAS DECEASED EVER (YES NO OR UNKNOWN)	IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES		Mrs. Ruth S1:	idham Same	as # 13e
Z	Conditions, if ony, gove rise to imm couse (a), stolin underlying couse	DUE TO, which hediote g the lost. DUE TO, DUE TO, DUE TO, Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column C	OR AS A CONSEQUENCE OF	IT NOT RELATED TO THE TERM	linal Disease or Cond	ITION GIVEN IN PART 1(0)
CERTIFICATION	190 DATE OF OPERAT	TION 196 COM	NDITION FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEATH HOUR	OF INJURY A.M. MONTH DAY YEAR P.M. 19	106	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2}
MEC	21d INJURY OCCURR WHILE NOT WHAT WORK 220.1 certify that (I) sow the decease	(thus hospital) ottended	Harl ca	21f. LOCATION STREET	city or tow	19 (1) (we) lost
	22b. SIGNATURE	of clive on the bo	dather death	DEGREE ATTENDING	MEDICAL STAFF	221. DATE SIGNED

BP______ DHMH - 16 50M 1/81 (VRA 15, 4)

Leonard J. Ruck, Inc.

5/14/82

23a BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial**

Baltimore Md.

22e. ADDRESS

ATORY 236 OCATION CITY OF TOWN

Baltimore Maryland
250. DATE REC'D, BY REGISTRAN 256. REGISTRAN

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1	1-	FOR STATE
		REGISTRA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH

8 2

12968

		REGISTRAR		CERTI	ICAIL OF DEATH	REG. NO.			
		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR		
		MELUA	LILLIAN	CL	EUENGER	5 1	9 82 350 %		
	3. SEX		4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS		
		Female.	White	Ma	rch 18, 1905	77 YRS	MIN.		
00		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH			
02		Virginia	U.S.A.	WIDOW	EDA DIVORCED	Frederick	County, MD.		
64		TY OR TOWN OF DEATH	THE CONTROL OF HOSPITAL, NL			126 USUAL OCCUPATION (TYPE OF WPTOMOTIVE ACCUMENTATION OF BUSINESS INDUSTRY HOME			
35	13a. S	TATE 136 COUN	THE STATE OF THE S		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 4127 Rock Hall	Road		
00	14 FA	THER'S NAME Charles	MIDDLE Bake		15. MOTHER'S MAIDEN NA/	MË MIDDLE	Shry		
		VAS DECEASED EVER IN U.S. AR (15, NO UNKNOWN) (15 YES, AN		security no. avai 1ab1	17. INFORMANT e Mrs. Eliz.		eorge St., own, Md.		
	ATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGN(FICANT OF 19a DATE OF OPERATION	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	EOUENCE OF		INAL DISEASE OR CONDITION GI	VEN IN PART 1(a)		
4	CERTIFICATION					YES NO X IN CERTI	IFYING CAUSES OF DEATH?		
9		21g. ACCIDENT WAS UNDERLYING CONCRETED TO CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FFICE, FARM, ETC.)	21f LOCATION STREET	CHYORTOWN	COUNTY STATE		
		22a I certify the (1) this hospi sow the deceased oliver obove (1) (we) (did) (did no 22b, SIGNATURE	F 1165		nd that in (my) our) opinion	deoth occurred on the date and ho	ur and from the couses stated		
		w	Meanin		My ATTENDING ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	5/19/82		
		22d. PHYSICIAN'S NAME (TYPE O	E HULGA	102		USWICK, MI),		
T.		Burial, CREMATION, REMOVAL			cemetery or crematory 11s Cemetery	Point of Rock,	Fred., Md. STATE		
1	S	Smith, Keeney a 106 East Church	nd Basford Pur	Yeral Ho	25a. DAT 21701	E ALV BY E GISTRAP 250. REGIS	TAR'S SIGNATURE		

DHMH - 16 50M 1/81 (VRA 15, 4)

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BP.

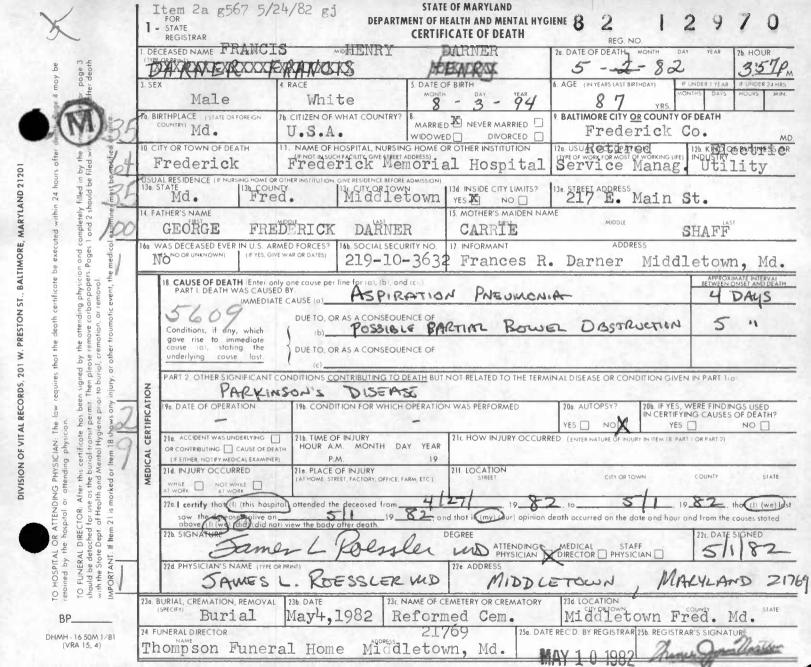
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral should be detached for use as the busial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 twith the State Dept. at Health and Mental Hygiene priar to burial, cremation, or removal.

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	1-	STATE REGISTRAR		DEPART		EALTH AND MENTAL HY ICATE OF DEATH	YGIENE	8 Z REG. N		2 9	0 9
		CEASED NAME FIRST WILLIAM		NALD		NELIUS		y 19,	MONTH	DAY YEAR	26 HOUR 4:301 M
	3. SE	x Male	4 RACE Whit	e	June			69	HDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
F	C	RTHPLACE (STATE OF FOREIGN OUNTRY) Md •	U.S.A		WIDOWE			Freder:	ick (MD.
64	F	rederick	Fred	erick M	emori	ial Hospita		HOUCUPATI	ON EWORKING LI	IZB. KIND O	road
35	13a S	AL RESIDENCE (IF NURSING HOME OF	ed.	GIVE RESIDENCE BEFORE 134 CITY OR TOWN	ile	13d. INSIDE CITY LIMITS?		512°58	ters	ville F	Rd.
OC.		LEWIS H	WIDDIE	CORNELI	US	DAISY	NAME	MIDDLE		RUS3	ELL
		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI NO	MED FORCES? WAR OR DATES)	719-01-		Mildred Co	orne	lius I		ville,	
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAL	ly one couse per D BY: E CAUSE (0)	r line for (o), (b), and	d (c).	4					MATE INTERVAL ONNET AND DEATH
	フ	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF							0		
	TION	PART 2. OTHER SIGNIFICANT O	two	cerebr	0 - VO-	scular o	rcei	dents			
4	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. YES	AUTOPSY?	IN CERTI	S, WERE FINDIN IFYING CAUSES ES	
4		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	TH HOUR A	DE INJURY .M. MONTH D. M.	AY YEAR	21c. HOW INJURY OCCU	URRED (EN	ITER NATURE OF INJUS	RY IN ITEM 18,	PART 1 OR PART 2)	
-	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET		CITY OR TOV	110	COUNTY	STATE
		22a I certify that (1) this hospi saw the deceased above (1) (we) (did deceased	tal) attended	1/8 10	82,00	d that I (my) our) apinio	on death or	ccurred on the de	ote and hou		tho (1) (we) lost couses stoted
	19	22b. SIGNATURE	lgoui			ATTENDING PHYSICIAN	MED DIREC	ICAL STAF		22c. DATE	121/8Z
1		22d. PHYSICIAN'S NAME (TYPE O		gaier		Brunswi	ck,	Md.			
	23a. E	BURIAL, CREMATION, REMOVAL BURIAL	May22	2,1982 P	ark	Hgts. Cer	AY 2 6	BALLINSW	Polse	PS-24	Md State
		UNERAL DIRECTOR	me F	H APPhin	swic		ATE REC'D	BY REGISTRAR	25b. REGIS	TRÂR'S SIGNAT	URE

STATE OF MARYLAND

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2 (000)	I. DECEASED NAME FIRST (TYPE OR PRINT) John		Francis	DAVIS	20. DATE OF DEATH MONTH DA	20 11001			
	3. SI	Male	4 RACE Wh ite	5. DATE OF BIRTH NOV. 27, 1906	6 AGE (IN YEARS LAST BIRTHDAY) IF	THE DAYS HOURS MIN.			
leath. Pa		IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH				
by the fulled with		Trederick	11. NAME OF HOSPITAL, NURSIN FROM INSUCHFACILITY, GIVE STREET / Frederick Mei	G HOME OR OTHER INSTITUTION ADDRESS) MORIAL Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR			
Filled in nould be	13a.	ALRESIDENCE HE NURSING HOMEO STATE IN COUNTY Maryland Car	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 134 CITY OR TOWN Keymar	ADMISSION) N 13d. INSIDE CITY LIMITS? YES NO	11418 Baker I	Road			
mpletely and 2 st	14. F	ATHER'S NAME FIRST Tohn Will	MIDDLE LAST Davis	15. MOTHER'S MAIDEN NAMED IN THE PROPERTY IN T	ME MIDDLE	Vastler			
n and co			RMED FORCES? 166 SOCIAL SECUL VE WAR OR DATES) 217-10	RITY NO. 17 INEORMANT	ADDRESS	ame as above			
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DHMH - 16 50M 1/B1 (VRA 15, 4)

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1	FOR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE 8 2 1	297:
	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST	WIDDLE	LAS1	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	CHARLE		EYLER	May 18, 1982	10:0
3 SE		4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
	Male	Caucasian	May 5, 1905	77 YRS.	
35 70 8	Maryland	The CITIZEN OF WHAT COUNTRY USA	** ** ** ** ** ** ** ** ** ** ** ** **	Frederick,	Y OF DEATH
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35 USU 130	STATE 13b COU	or other institution, give residence before INTY 13c. CITY OR TO Rocky F	WN 134 INSIDE CITY LIMITS?	13e. STREET ADDRESS Route # 1	
00 14 F	Charles	Martin Eyler	15. MOTHER'S MAIDEN NA PERST Annie	MIDDLE	ilbert
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRESS	
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Mt Tabor Lutheran Cem Rocky Ridge Frederick 615 East Main Streek PATE RECD. BY REGISTRAR 235 AGOSTRAY STONE DATE Thurmont. Md 21701

DHMH - 16 50M 1/81 (VRA 15, 4)

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24 FUNERALDIRECTOR

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AY IS N THE FU PAGE 5	10. CITY	or town o	OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12. USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE)						OR INDUSTRY				
D. 21201 2, AND DELAY IS 12, AND 3 TO THE F 2. SHOULD BE FILED ALL RECORDS, 201 VAL	USUAL 13a. STA	RESIDENCE (OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADA NTY 13c. CITY OR TOW			SION) 13d INSIDE CITY LIMITS? 1:			Grounds Keeper 13. STREET ADDRESS 15414 Motter Sta				
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 26 HOUR TYPE OR PRINTS Shirley Grossnickle 5 1982 Joann 31 4. RACE 5 DATE OF BIRTH SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH Female White 23 1944 TO BIRTHPLACE STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Frederick Marvland U.S.A. WIDOWED DIVORCED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Smithsburg 13618 John Kline Secretary DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 13b COUNTY 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Smithsburg Frederick 13618 John Kline Road Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Dick FIRST McPherson David N. D. Marea 136485 John Kline Rd. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 217 42 7636 Richard Grossnickle Smithsburg, MD No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY Carcinoma of the Breast 4 vears IMMEDIATE CAUSE (0 DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stating the DUE TO, OR AS A CONSEQUENCE OF underlying PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 0 206 IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? ď IN CERTIFYING CAUSES OF DEATH? be NO NO [Mentol Hygi 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ö (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION 10 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK present 22a.1 certify that (1) (1 attended the deceased from. 19 82 saw the deceased alive an and that in (my) apinion death accurred an the date and hour and from the causes stated abave. (1) (a) (did) (22h SIGNATURE DEGREE 72c DATE SIGNED ATTENDING MEDICAL PHYSICIAN A DIRECTOR PHYSICIAN MPORTAN 226. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ould b Mary E. Money, M. D. Avenue Hagerstown, MD 21740 0 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial St. Marks Cemetery Wolfsville Frederick BP. 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 55 Myersville MD (VRA 15 (4)) Rittle-Ricketts Fune

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it AL OR by the h RAL DIR detache state Dep		22b. SIGNATURE 5 Ca	her r		MEDICAL STAFF DIRECTOR PHYSICIAN	5-17-12
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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-	AL RESIDENCE (IF NUI	PSING HOME OR		ick Memor:		ospital	Homen	aker		Non	e
130.5	STATE	13b. COUN	ITY	13c CITY OR TOWN	N	134 INSIDE CITY LIMITS?	13e STREET A	DDRESS			
and the last	aryland	Fred	erick	Thurmon	t	YES NO X		Kelbaug	h Ro	ad	
14. 17	ATHER'S NAME FIRST	,	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	MIDDLE		LAS	it.
	Charles			Donnell	<i>y</i>	Ida	Cath	erine		Mill	er
	WAS DECEASED EVE		MED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT		14933 K	el ba	ugh R	oad
Ì	No			220-26-0	0800	Mr Melvin He	witt	Thurmon			
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615 East Main St Thurmont, Md 21788

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DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR
Robert E Danley
Funeral Homes,

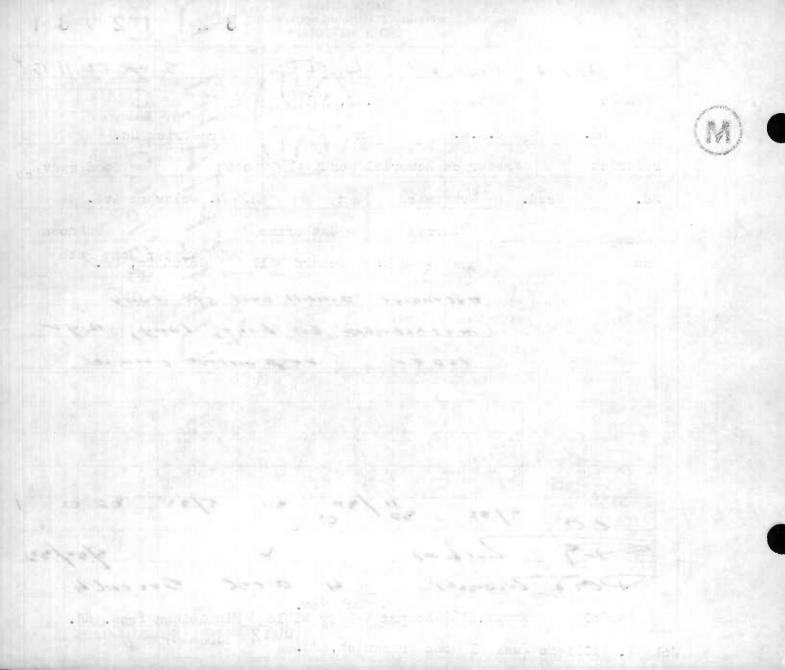
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1				STATE OF MARYLAND				
/	1 -	FOR STATE REGISTRAR	DEPAR	MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		EG. NO.	2 9 8	0
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3	3. SE	M	Negroid	5. DATE OF BIRTH	6. AGE (IN YEARS			FUNDER 24 HRS
824	. (RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIE	D	ITY OR COUNTY		ST COLUMN
F	10 C	ARYLAND LY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURS	WIDOWED DIVORCE		rederic	1 12b. KIND OF 8	MD.
104	I	rederick	IF NOT IN SUCH FACILITY, GIVE STREET PACTICK VI	lemorial 465p	CTYPE OF WORK FOR	MOST OF WORKING LIFE	STEEL	. 44
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rior to buriol, cremation, in injury, or other troumo	CERTIFICATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT OF THE CONTROL OF OPERATION		Delirium.	Tremo E TERMINAL DISEASE OF		N IN PART 1(a) WERE FINDING	SUSED
-tronsit perm of Hygiene pr n 18 shows or	TIFIC,	THE DATE OF OTERATION	THE CONDITION TOR WITE	TOTERATION WASTERTORMED			ING CAUSES O	
Mentol Hyginst Item 18 sh	-	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	OCCURRED (ENTER NATURE	OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)	
morked or l	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATION	CI	TY OR TOWN	COUNTY	STATE
of Health		saw the deceased alive an	tal) attended the deceased from	may, 19	82 , ta 4	may 1 the date and haur	9 32 , the	ot (I) (we) last uses stated
State Dept.		226. SIGNATURE	William	DEGREE ATTEND PHYSIC	MEDICAL DIRECTOR	STAFF PHYSICIAN []	4 Ma	y82
should be detr with the State IMPORTANT:			ILKINSON	The state of the s	ARKET ST.	FREDER	KK, M	Ď.
o 5 <u>C</u>	73e. E	BURIAL		NAME OF CEMETERY OR CREMA	ALL PRINTERS	YTOWN FR	EDERICK	MD.
6 50M 1/81 (15, 4)	O	D. Lark	len Silet	Hown Md.	5a. DATE REC'D. BY REGI	TRAN 256 REGISTR		then

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STATE OF MARYLAND



Manager and Company of CONTRACTOR OF THE PROPERTY OF pro-ni-incl. dum g. herm Trun wiell, his.

loute 3, Box 1340 Robbins ADDRETOO1-A Jefferson Pike Mrs. E. Ruth Nichols, Knoxville, Md. 21758 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (opinion death occurred an the date and hour and from the causes stated 220 DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 230. BURIAL, CREMATION, REMOVAL 234 NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION Entombment May 22, 1982 Resthaven Mem. Gardens Frederick, Frederick 24 FUNERAL DIRECTOR Smith, Keeney and Basford Juneral Home 106 East Church St., Frederick, Md. 21701

YEAR

IF UNDER I YEAR

INDUSTRY

26 HOUR

126. KIND OF BUSINESS OR

Coca Cola Plant

IF UNDER 24 HRS

DHMH - 16 50M 1/B1 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

8	1.	FOR STATE REGISTR
		REGISTR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR				CERTII	ICATE OF DEATH	RE	G. NO.			
	ECEASED NAME	FIRST		MIDDLE	The state of the s	1ča	20. DATE OF DEA	H MONTH	DAY YEA	R Zb HC	UR
TIA	PE OR PRINT)	EVON	EI	VETRIA	L JA	ACKSON		5	2 8:	2 5:	101
3 5	EX	4	RACE		5 DATE C		6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 Y		ER 24 HF
	Female		Nie			ust 28 1895	87	YR	MONTHS D	AVS HOURS	AA3
70.	BIRTHPLACE (STATE O	OR FOREIGN 7	CITIZEN OF	WHAT COUNTRY	/? 8. MARRIE	NEVER MARRIED	9 BALTIMORE CI	Y OR COUN	ITY OF DEATH	1	
D M	aryland		U.S	. A.	WIDOWE		Fred	erick			
10.0	CITY OR TOWN OF D	DEATH 1	(IF NOT IN SUC	CH FACILITY, GIVE STRE	ET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCL	PATION		D OF BUSIN	VESS (
	rederick		Frede	rick Me	moria	Hospital	House	vife	Ho	me	
130	JAL RESIDENCE (IF NE	13b COUNT		13t. CITY OR TO		13d INSIDE CITY LIMITS?	13e. STREET ADDR	SS			
	aryland	Frede	rick	Jeffer	son	YES NO	5506 A	Burkit	tsvill	e Rd	
14. F	ATHER'S NAME	M	DDLE	LAST		15. MOTHER'S MAIDEN NA	ME		9 3	LAST	
4	George A					Altie	Clara	Но	lland	(70)	
160	WAS DECEASED EVI	ER IN U.S. ARM		166 SOCIAL SEC	CURITY NO.	17 INFORMANT	386	DRESS M	ountai	n Rd	
	No	(IF TES, GIVE	WAR OR DATES)	215 20	9162	Clifford Mo					
	18 CAUSE OF DEA	ATH (Enter only	one cause per			0 0			APP	ROXIMATE INT	ERVAL
	PART I. DEATH	WAS CAUSED	BY:	Hereen	0.0	Lawtin			1-	2. (4	AD DEN
	16,01	IMMEDIATE	CAUSE (a)	vy v	en-	Marchael			,	7	_
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	Canditions, if or		(b)	onen	ne				10	7	
	cause (a), sta	iting the	DUE TO, O	BAS A CONSEO	VENCE OF	0.0.1		n			
10	underlying cau	ise last.	((c)	mu	relu	le Charelie	well o	le_			
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o N	100										
CERTIFICATION	190. DATE OF OPER	RATION	19b. COND	ITION FOR WHIC	HOPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. 1F	YES, WERE FIN	DINGS US	ED
I E	100						YES T NO		YES T	SES OF DEA	
1	21a. ACCIDENT WAS L	JNDERLYING	21 b. TIME C			21c. HOW INJURY OCCUR					
2.	OR CONTRIBUTING			M. MONTH							
MEDICAL	(IF EITHER NOTIFY ME		P. 21e PLACE		19	211. LOCATION					
NE NE	WHILE NOT	WHILE		REET, FACTORY, OFFICE	FARM, ETC }	STREET	CITY	ORTOWN	COUNTY		STATE
	AT WORK	WORK -						/	0		
	22a I certify that		l) attended th	e deceased from	Q 2	. 19	, to	1	2-19 82	, that (1)	(AR)
	above, (1) (we	ased alive an_) (did not)	view the bady	after death.	, or	nd that in (my) (**) opinion	death accurred an t	ne date and h	naur and from	the couses s	tated
	226. SIGNATURE	^	1	1		DEGREE				ATE SIGNED	
	1 Certa	UPS'-	Huy	Mila)	, M.	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN []	51	3/8	22
-				-	, ,	22e ADDRESS					
	22d. PHYSICIAN'S	NAME (TYPE OR	PRINT)			THE ADDRESS					
			4	M D		700 Montcla	ire Ave.	Frede	rick,	Md.	
730	Robert	S. Hu	ghes.	M.D.	NAME OF C	700 Montela		Frede	rick,	Md.	
. 23a.		S. Hu	4	23c			23d. LOCATION	N	COUNTY		STATE

Brunswick, Maryland MAY

Williams F. H.

DHMH - 16 50M 1/B1 (VRA 15, 4)

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

1 DE	- STATE REGISTRAR ECEASED NAME FIRST		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	•
(TYP	PE OR PRINTS	MIDDLE	LAST	2a DATE OF DEATH MONTH DAY YEAR 2b HO	OUR
-	Lilli		KEFAUVER	May 18, 1982	0
1 SE		RACE	S. DATE OF BIRTH		ER 24 HR
-	Female	White	July 10. 1885	96 YRS. MONTHS DATS HOURS	5 MI
Tiv. D	RETHPLACE (STATE OR FOREIGN 7) COUNTRY) Maryland	b. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH	
10. C	ITY OR TOWN OF DEATH	-U.S.A.	WIDOWED DIVORCED	Frederick County,	
	Frederick	Homewood Ret	lrement Center	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOMEMAKER	NESS (
M	ALRESIDENCE (IF NURSING HOME OR O STATE 13b COUNT INTO THE COUNT I	orick Freder	VN #13d INSIDE CITY HANTS?	13e STREET ADDRESS	
14. FA	ATHER'S NAME		15 MOTHER'S MAIDEN NA	417 Delaware Road	
	Jesse	Haines	Marv	MIDDLE LAST	
160 V	WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL SECU	IRITY NO. 17 INFORMANT	E. Ramsburg	-
	no	217-10	-0748 Road, Fred	ired K. Forney, 417 Dellerick, Maryland 21701	law
CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO			INAL DISEASE OR CONDITION GIVEN IN PART 1:0 200. AUTOPSY? 200. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA	ED
E				YES NO YES NO	
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR 21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	PARM, ETC.) 21f LOCATION STREET	CITY OR TOWN COUNTY	STATE
	220.1 certify that (4) (this hospital sow the deceased alive an above, (1) (we) told) (did nat)	5/17/82 19	, and that in (my) (our) opinion	to 5/18/32, 19, that the death accurred on the date and hour and from the causes s	,
	226 SIGNATURE Gusti	in Praris		MEDICAL STAFF DIRECTOR PHYSICIAN 518	22
4	22d. PHYSICIAN'S NAME (TYPE OR PI	tin Pearre,	Jr.MD 804 Toll	House Ave., Fred. Md. 2	217
	1				
23a B	Burial, CREMATION, REMOUSPECIE Burial	1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN THE COUNTY Frederick Frederick	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

O HOSPITAL OR ATTENDING PHYSICIAN: The lo

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	- F & S.		COUNTRY		MARRIE	_	MARRIED -	9 BALTIMORE CITY C	-	
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RYL	d 2 s	14. F/	ATHER'S NAME	MIDDLE LAST			'S MAIDEN NA	WIDDLE		LAST
W.	d d d		James	Curtis Lowe			ffie	May		Quinn
ORE	Poges medicol		VAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (IF YES, GT	VE WAR OR DATES)		17 INFORM		ADDRI 22	5 E.	5th St.
¥ .	S. Pool		No	211-14-	-4796	Gera	ldine	Mercer Fr	ederi	ck Md
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× .	the the		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	JENCE OF					
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	n signe Then p r to bur injury,	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110
ECO	s bee	CAT	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOPSY?		WERE FINDINGS USED ING CAUSES OF DEATH?
ALR	in has	TIF	M		VA			YES NOTE	YES	
> 2	certificate entol Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR	21c HOW II	NJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT OR PART 2)
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SIO	\$ 5 E E	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM ETC)	21f LOCAT		1A CITY OR TO	wn	COUNTY STATE
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	CTC CTC d for		saw the deceased alive ar above, (I) (we) (did) (did no	of view the body after death.) (sor) opinion	death accurred on the de	ate and hour	and from the couses stated
9	DIRE Dept		226. SIGNATURE	ILV		DEGREE	4775410110	· MEDICAL CTA		224. DATE SIGNED
	VERAL I		Aga (Munim			PHYSICIAN [MEDICAL STAI	IAN []	13/14/82
0	FUNERAL ORTANT:		22d. PHYSICIAN'S NAME (TYPE	OR PRIMA).		22e ADDRE	ss //	1 /	-	White the second
j	recorded by the hos should be detached should be detached with the Stote Dept.		10598	Mounin		198	Then	m Jehns	- 11	V
-	5 1 2 7		BURIAL, CREMATION, REMOVAL				CREMATORY	23d LOCATION		COUNTY STATE
	BP		Burial			Chape	1 Cen	Nbibertyt	own, F	rederick, Md
DH	IMH - 16 50M 1/B1 (VRA 15, 4)		JNERAL DIRECTOR	1621,00	ossu	mt own	Pk	ERLE'D. BY RELLERAR	ESV KECISTR	A SIGNATURE
	(VRM 13, 4)		J. Douglas Sta	auffer Freder	ck,	Md.				

Take week I

	FOR STATE REGISTRAR		STATE OF MARYLAND RIMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2 REG. NO.	12989
	DECEASED NAME FIRS		LAST	20. DATE OF DEATH MONTH	a
2	KATH:	RYN G.	LYON Is, date of Birth	6. AGE (IN YEARS LAST BIRTHDAY)	28 82 9:50 M
3.	Female	White	MONTH DAY YEAR		MONTHS DAYS HOURS MIN
70	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	3 16 02 Y? 8 5	9 BALTIMORE CITY OR COL	RS. I I I I
3	Pa.	U.S.	MARRIED NEVER MARRIED WIDOWED DIVORCED		ck County MD.
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
0	Frederick	(IF NOT IN SUCH FACILITY, GIVE STR Frederick Nu		(TYPE OF WORK FOR MOST OF WORK) Admin.	NG LIFE) INDUSTRY Consulting
5	Md.	ME OR OTHER INSTITUTION, GIVE RESIDENCE BE COUNTY 13c. CITY OR TO Freder	ick 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS Carroll Park	
E/1/14	A. FATHER'S NAME	MIDDLE	IS. MOTHER'S MAIDEN NA	MIDDLE	LAST
10	Judson M WAS DECEASED EVER IN U.	A. Lyon S. ARMED FORCES? 166 SOCIAL SE		ina ADDRESS	Baer
/ 16	(YES, NO OR UNKNOWN) (IF YE	5, GIVE WAR OR DATES) 705-03-	1003	1041 N.	Market St.
event, the r		er only ane couse per line far (a), (b),	1 22 112 22 22 22	III Anders II	ederick, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
we any more or one morning	PART 2 OTHER SIGNIFICA PART 2 OTHER SIGNIFICA 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	ant conditions contributing the	O DEATH BUT NOT RELATED TO THE TERM	20a AŬTOPŜY? 20b. I	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYIN		21c HOW INJURY OCCUR	YES NO.	YES NO MART 1 OR PART 2)
18	OR CONTRIBUTING CAUCE		DAY YEAR		
1	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
	22a I certify that (I) (this	hospital) attended the beseased from	m 4 28/82, 19		, that (# (we) lost
		nd not) view the body ofter death.		death occurred on the date and	d haur and fram the causes stated
	22b. SIGNATURE	natio Fara	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	5/28/82
MPORTANT	22d. PHYSICIAN'S NAME (22e. ADDRESS		
23	30 BURIAL, CREMATION, REMO	The state of the s	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
24	Removal FUNERAL DIRECTOR	5/28/82	[25n DA	TE REC'D. BY REGISTRAR 25% RB	GISTRACT SUGNICIONE
1	Anatomy Board	Balto., Md		JN 7 1982 1	ant Carrie

DHMH - 16 50M 7/77 (VR A 15 (4))

	a contract to the contract to

-	1-	FOR STATE	DEPAI	RTMENT OF HE	OF MARYLAND ALTH AND MENTA		8 2	1	29	9 0
		REGISTRAR			ATE OF DEATH		REG.			
		CEASED NAME FIRST	WIDDIE	LAS		20	DATE OF DEATH	_	DAY YEAR	26 HOUR
-		IRWI		MALEH				5-1	2-82	OA
3	S. SE		4 RACE	S. DATE OF	DAY YE	AR	AGE (IN YEARS LAST E	IRTHDAY)	MONTHS DAYS	IF UNDER 24 H
		Male	White	12	1 10	700	81	YRS.		
7	a. BII	RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTR	Y? 8	NEVER MARRIE	9.1	BALTIMORE CITY	OR COUNTY	OF DEATH	
1	1	Hungary	II.S.A.	WIDOWED			Fred	erick	Count	7.7
1	0. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		OTHER INSTITUTIO		USUAL OCCUPA	TION	12b. KIND O	
1		Frederick	Frederick I		I Hogni		YPE OF WORK FOR MOST	OF WORKING LIF	E) INDUSTRY	
1	JSUA	L RESIDENCE (IF NURSING HOMEO	ROTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	-					
4		lordia Pal			3d. INSIDE CITY LIM		STREET ADDRESS		A	
1	_	THER'S NAME	m Beach Boyn		MOTHER'S MAID		300 NE	20th	Avenue	!
1		FIRST	MIDDLE LAST		FIRST		WIDDLE		LAS1	
1	_	OVAIS	Male		Sara	in	ADD	DECC	"unkn	lown"
>["			RMED FORCES? 166 SOCIAL SE	CURITY NO.	7 INFORMANT		AUU	KESS		
L		No	1158-26	5-5096	Gertru	ide "	Wife"	Same	as 13	ie
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b),	and (c).						MATE INTERVAL
		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	Unsa			70/09	2	2	mo
	<u>z</u>	TAKI 2 OTTEK SIGNIFICANT	CONDITIONS CONTRIBUTING T	ODEATH BUT N	OF RELATED TO TH	IE TERMINA	L DISEASE OR CO	ADITION GIV	EN IN PART TO	
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION	WAS PERFORMED	10 11	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	GS USED OF DEATH?
и	-	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE-	HOUR A.M. MONTH	DAY YEAR	it. HOW INJURY C	OCCURRED	(ENTER NATURE OF INJ	URY IN ITEM 18, P	ART 1 OR PART 2]	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFIC		II. LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
		220.1 certify that (1) (this haspi	ital) attended the deceased from	n	, 19_		ta	/	19, t	hot (I) (we) I
		saw the deceased alive an	n19 ot) view the body after death.	, ond	that in (my) (our) o	pinion deot	h occurred on the	date and hou	ond from the c	auses stated
		17h SIGNATURE	oil view the body after death.		GREE				22L DATE S	atrial vest
<		SPA	6/h		ATTEND	ING N	AEDICAL ST	AFF	5/	26
٠.		22d PHYSICIAN'S NAME (TYPE O	OR PRINT)		PHYSIC 2e ADDRESS	IAN	IRECTOR PHYS	ICIAN []	1//	1/0
			, >		A ADDRESS	,	101			-
-		V-07	V (01030)			7	We	51	Sec	1201
2		URIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF CEA	ETERY OR CREMA	TORY	23d LOCATION	E119994	COUNTY	STATE
L		Burial	5-14-82 I	Beth Da			Elmon		ssau	NY
2			Pennsylvania			Sa. DATE RE	C'D. BY REGISTRA	R 256 REGIST	RAR'S SIGNAL	Pasino
1	Re		neral Chapel			MAY	1 4 1982	Man	4	
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signed by the attending physician and completely filled in by the funeral director, page 3 hen please remove carbonpapers. Pages 1 and 2 shauld be filed within 72 haurs after death

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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Male White Jan. 31, 1914 68 W			REGISTRAR				CERTIF	ICATE OF D	EATH		REG. N	10.			
Male White Jan. 31, 1914 68 783 POUNT OF THE COUNTY OF DEATH COUNTY OF DEATH COUNTY OF DEATH U.S. A. MARRIED DEFORM OF DIVERTING THE COUNTY OF DEATH Frederick County, WIDOWED DIVORCED STATE NOTIFICATION (ROSING HOME OR OTHER INSTITUTION DIVORCED							MA	ATHEWS					DAY YEAR	2ь но	a.M
The content of the	1	3. SEX		4.			MONTH		1 9 14						R 24 HRS MIN.
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136. STATE 136. COUNTY 136. CITY CHOTON 136. INSIDE CITY LIMITS? 139. STREET ADDRESS 139. STREET A	2	F	rederic	k 5	115 CE	p Stine	address) Rd.			LTYPE OF WOR	K FOR MOST	OF WORKING			IESS OR
Arthur Mathews Gracie Magaha 160, WAS DECASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 215-36-6576 17. INFORMANT Mary E. Mathews (same as a part in death was caused by the part i. Death was part i. Death was performed was	5	130. S Ma	ryland	136. COUNT	Y	13c CITY OR TOW	N	YES 🗌	NO 🗆	5115	-	Stin	ne Ros	d	
18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c). 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c). 19 PART I. DEATH WAS CAUSED BY: 19 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), storing the underlying couse lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 19 DATE OF OPERATION 19 CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY2 21 ACCIDENT WAS UNDERLYING OR AND CONDITION FOR WHICH OPERATION WAS PERFORMED 21 ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (FETHER NOTIFY AEDICALEXAMINER) 19 PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 21 ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (FETHER NOTIFY AEDICALEXAMINER) 21 ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (FETHER NOTIFY AEDICALEXAMINER) 21 ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (FETHER NOTIFY AEDICALEXAMINER) 21 ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (FETHER NOTIFY AEDICALEXAMINER) 21 ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (FETHER NOTIFY AEDICALEXAMINER) 21 ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (FETHER NOTIFY AEDICALEXAMINER) 21 ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (FETHER NOTIFY AEDICALEXAMINER) 21 ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (FETHER NOTIFY AEDICALEXAMINER) 21 ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (FETHER NOTIFY AEDICALEXAMINER) 22 AUTOPHY OR CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (FETHER NOTIFY AEDICALEXAMINER) 22 AUTOPHY OR CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (FETHER NOTIFY AEDICALEXAMINER) 22 AUTOPHY OR CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (FETHER NOTIFY AEDICALEXAMINER) 23 ACCIDENT WAS UNDERLY OR CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (FE)	I4 FA	FIRST		DDLE		NS.	Ċ	Pracie		WIDDLE		Maga	ha	
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190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA! YES NO NO NO NO NO NO NO N			PART I. DEATH 4/0 C Canditions, if an gave rise to it couse (a), stole	IMMEDIATE IMMEDIATE Ity, which immediate iting the	BY: CAUSE (a) DUE TO, OR (b)	AS A CONSEQUE	NCE OF	M.Z. 3	ele	ias cos	ar	ren	7	- GI	ns.
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d IN JURY OCCURRED NOT WHILE AT WORK NOT WHIL	7	IFICATION								20a AUT	OPSY?	20b. IF YE	S, WERE FIND	INGS USE	TH?
AT WORK	7		OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M	A. MONTH DA		21c HOW INJ	URY OCCURR					110	
22a.1 certify that (1) (this haspital) attended the deceased from 12a.1 certify that (1) (this haspital) attended the deceased from 12a.1 certify that (1) (this haspital) attended the deceased from 12a.1 certify that (1) (this haspital) attended the deceased from 12a.1 certify that (1) (this haspital) attended the deceased from 12a.1 certify that (1) (this haspital) attended the deceased from 12a.1 certify that (1) (this haspital) attended the deceased from 12a.1 certify that (1) (this haspital) attended the deceased from 12a.1 certify that (1) (this haspital) attended the deceased from 12a.1 certify that (1) (this haspital) attended the deceased from 12a.1 certify that (1) (this haspital) attended the deceased from 12a.1 certify that (1) (this haspital) attended the deceased from 12a.1 certify that (1) (this haspital) attended the deceased from 12a.1 certify that (1) (this haspital) attended the deceased from 12a.1 certify that (1) (this haspital) attended the deceased from 12a.1 certify that (1) (this haspital) attended the deceased from 12a.1 certified the deceased from 12a.		MEDI	WHILE IN NOT	WHILE			ARM, ETC)		7		CITY OR TO	NWN	COUNTY		STATE
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TO FUNCEARL DIRECTOR. After this should be detached for use as the both and with the Stote Dept. of Health and M.

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If Item 21 is marked ar Item 18 shaws any

Dr. A. Talbott Brice M.D.

230. BURIAL, CREMATION, RAMOVA
1SPECIFUS BURIAL

May 11, 1982 St.

asford Fun

Smith Keeney E. Church St. 23c NAME OF CEMETERY OR CREMATORY
22 St. Luke's Cem.

22e ADDRESS

ATTENDING PHYSICIAN

Jefferson, Maryland 21755

ERY OR CREMATORY [23d. LOCATION]

MEDICAL STAFF
DIRECTOR PHYSICIAN

Feagaville Frederick Md.

ral Home 106 MAYCP & REGISTRAR 25 MAYCP BY R

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IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner must be partified to

STATE OF MARYLAND			
MENT OF HEALTH AND MENTAL HYCIENE	Q	()	1

2 9 9 9 DEPART

250. DATE REC'D. BY REGISTRAR 256. RECISTRAR'S GNATORY

	REGISTRAR							REG. NO	· .			
	CEASED NAME E OR PRINT)	FIRST		AIDDLE		LAST	20 DATE C	F DEATH	MONTH	DAY Y	EAR .	26 HOUR
		RL	CASHOU	21	140	4	MA	7 2	7 1	982		11:47
3. SE	x Male		4 RACE Whit	te	5. DATE (y 22°, 1900°	6. AGE (IN	YEARS LAST BIR	THDAY)	IF UNDER	DAYS	IF UNDER 24 HRS HOURS MIN.
(IRTHPLACE (STATE OR COUNTRY) Maryland	FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED		ore city o	R COUNT		TH	M
	Frederick		Freder	ick Memo	address)	DR OTHER INSTITUTION Hospital		OCCUPATI RK FOR MOST O PET		IFE) 12b. K	IND OF	k Compa
130. 5	AL RESIDENCE IF NUR STATE Maryland	13b COUN		136. CITY OR TOW Frederi	N.	13d. INSIDE CITY LIMITS? YES NO		Heath	er Ri	idge	Dri	ve
	John	W	illiam	last May		Grace	AME	WIDDLE		3	Bon	n
	NAS DECEASED EVER YES, NO OR UNKNOWN) NO	(IF YES GIV	MED FORCES? E WAR OR DATES) ONE	214-10-3		Mrs. Lily L	. May,	1000 Frede				e Drive 701
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ATION	Conditions, if ony gove rise to im couse (o), stoti underlying couse PART 2. OTHER SIG	IMMEDIAT which mediate ng the e lost	DUE TO, OR (b) DUE TO, OR (c) CONDITIONS CO	R AS A CONSEQUE RESPIRATOR R AS A CONSEQUE SESSION CONTRIBUTING TO D	ENCE OF ENCE OF CIPA DEATH BUT	ARREST Lunic OBSTR NOT RELATED TO THE TER	MINAL DISEAS	SE OR CON	DITION GI	VEN IN PA		
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ICAL CERTIFICATION	Conditions, if ony gove rise to im couse (a), stating underlying couse. PART 2. OTHER SIGNATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED)	IMMEDIAT , which mediate ng the e lost NIFICANT (TION DERLYING CAUSE OF DEA ICAL EXAMINER	DUE TO, OR DUE TO, OR DUE TO, OR (c)	R AS A CONSEQUE RESPIRATOR R AS A CONSEQUE STIGNED TO THE STIGNED TO THE STIGNED THE ST	ENCE OF CIPA	ARREST NOT RELATED TO THE TER N WAS PERFORMED 21c. HOW INJURY OCCU	200 AUT	OPSY?	20b. IF YE IN CERTI	S, WERE F	ART 1(0 FINDING AUSES (GS USED OF DEATH?
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²⁴ FUNEAL OF THE RESERVE AND Basford Fineral Home 106 East Church St., Frederick, Md. 21701

DHMH - 16 50M 1/81 (VRA 15, 4)

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	1-	FOR STATE REGISTRAR		MENT OF HE	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 8	2 REG. NO.	1	2	9	9	3
		CEASED NAME FIRST ISabel	l Edna	Į,	MAY		y 19.			EAR	26 HO	JR
1	3 SE		4 RACE White	5. DATE OF July	F BIRTH		EARS LAST BIRTHD		IF UNDER	I YEAR DAYS	IF UNDE	R 24 HR5
85	We	RTHPLACE ISTATE OR FOREIGN COUNTRY) ST Va. ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED	NEVER MARRIED DIVORCED	Fre	RECITY OR CO	COUNTY	ount	у,	BUSIN	MD.
64	F	rederick	Frederick Me	moria		(TYPE OF WOR	amstro	ORKING LIF	E) INDU	STRY		ng C
<u>B5</u>	130 S M8	AL RESIDENCE (IF NURSING HOME OF STATE 136 COURT FROM 136 COURT FR		ick	13d INSIDE CITY LIMITS? YES NO 1	13e. STREET .	ADDRESS Pa	tric	k S	tre	et	
101		James	MIDDLE LAST		Eva		Jane		Phi	11x	os e	
medical		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GR	MED FORCES? 166 SOCIAL SECTOR (E WAR OR DATES) 220-18	-1052	Mr. Jame: Ave., Fre	s A. dericl	Gloves Maj	r, 3	322 and	Br		ock
jury, ar ather traumatic	No	Conditions, if ony, which gove rise to immediate couse (o), stofting the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE 1c) CONDITIONS CONTRIBUTING TO	ENCE OF	y Juseo		e or condit	ION GIV	EN IN PA	5 Y	ear	8
shows ony in	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	I WAS PERFORMED	200 AUTO		V CERTIF	S, WERE F			TH?
Item 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	P.M.	AY YEAR 19	21c. HOW INJURY OCCURR	RED (ENTERNA	TURE OF INJURY IF	N ITEM 18, P	PART I OR PA	ART 2)		
marked ar	MEC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	000 4	211 LOCATION STREET		CITY OR TOWN	-161	COUN	YTY	3	STATE
21 is		22a.l certify that (I) (this haspi saw the deceased alive an above, (I) (westerd) (did no	tal) attended the deceased from 19 11 view the body after death.	KV, and	d that in (my) (assopinion of	, to/ death accurre	d on the date	and hou	19_0 4 ir and fra			(we) lost toted
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MPORTANT		Dr. Bernard	0. Thomas M.		228 North			reet	, F	red	l. 1	Id.
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	May 21, 1982		ivet Cem.	Fr.	ederic	k F	red	eri	ck	Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

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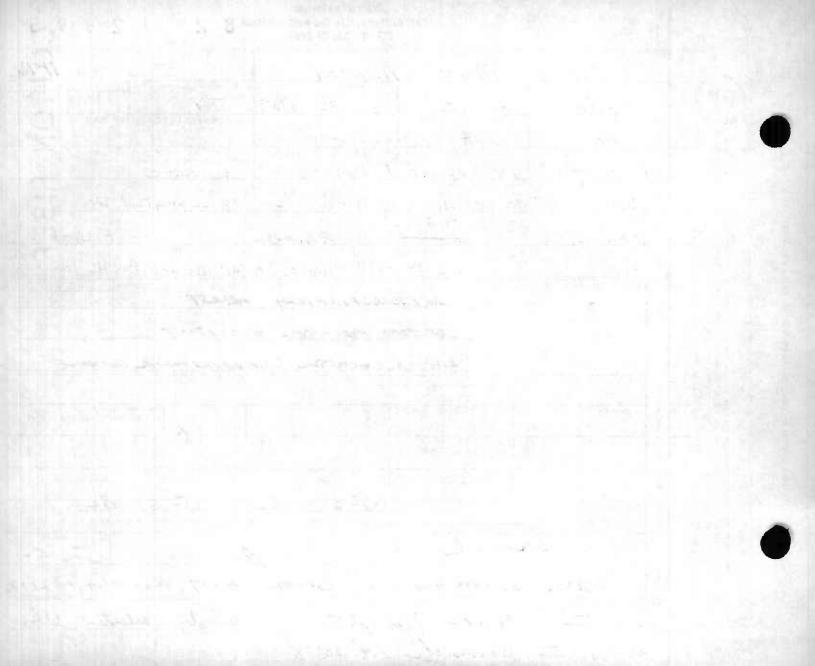
Mith Keeney Dasford P.A. Funeral Home 106 E. Church St. Frederick, Md. 21701

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1					OF MARYLAND			
	1.	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 2	12	9 9 5
. 4	1. DE	CEASED NAME FIRST	WIDDLE	100	AST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
1	2.05	ELSIE	MI6GC/	MICI S DATE O	1901	465	5 6 8	
A)	3. SE	Femula	11-1. To	MONTH		6. AGE JIN YEARS LAST BIR	MONTHS	DAYS HOURS MIN
-			CITIZEN OF WHAT COUN	TRY? 8		9 BALTIMORE CITY C	YRS YRS DR COUNTY OF DEA	ATH
10/15	C	DUNTRY) PA.	USA		DIVORCED	Fred	Co	MD.
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\$10	n	T. Airy	18 Lexing		Dr.	Housewit		
d style	13a S	AL RESIDENCE IIF MURSING HOME OR OTH TATE 136 COUNTY	HER INSTITUTION, GIVE RESIDENCE I 13c. CITY OR I CITY OR	TOWN	13d INSIDE CITY LIMITS? YES NO 2	130 STREET ADDRESS	IGTON D	· ·
() ()	14_F/	THER'S NAME FIRST MIDE	DLE MOLTA	-7	15. MOTHER'S MAIDEN NA	AME	E	- Last
00		VAS DECEASED EVER IN U.S. ARMEI		SECURITY NO.	17. INFORMANT	ADDR	iss in the second	sher
e med	((ES, NO OR UNKNOWN)	261-2	4-5235	Charles ,	AHAW Meng	el, Box 4	1 MEWROVIA
1		18 CAUSE OF DEATH (Enter only o		o, and ic			- BE	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
ve.		PART I. DEATH WAS CAUSED B IMMEDIATE C	ALISE (D) CAR	DIORES	PINATORY	ARNEST	T-17 T-18	
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othe		underlying cause last.	DUE TO, OR AS A CONSI	TED SCH	ACOR CA		un nie	104-16
0		PART 2. OTHER SIGNIFICANT CON				K DOUGHS	-WC 04-	
hury	NO O	PART 2. OTHER SIGNIFICANT CON	ADITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR CON	DITION GIVEN IN P.	ARI IIo
any ir	ATIC	19a DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	ZOb. IF YES, WERE	
Der s	CERTIFICAT	A Commission of the Commission				YES NO	YES [AUSES OF DEATH?
0	CER	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUP	RRED JENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR P	ART 2)
te d	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
11	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUN	NTY STATE
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2		220.1 certify that (I) (this haspital)	attended the deceased tr		d that in (my) (our) apinion	denth accurred on the d		that (I) (we) lost
Item 21		naw the deceased alive on above of two medical part of	ew the body after death.		DEGREE	decili occorred on me d		. DATE SIGNED
-		Con	me		ATTENDING PHYSICIAN	MEDICAL STA	FF	5
Z		22d. PHYSICIAN'S AME ITYPE OR PRI	INT)		22e. ADDRESS	DIRECTOR PHYSIC	JAN	J-6
IMPORTANT			- marace	•	Gran	vacey.	ma where	4,4217%
7	23a. E	SURIAL, CREMATION, REMOVAL	23h. DATE 5/7/82	M 1	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	arliste	STATE OA.
6		INERAL DIRECTOR	ADDRE	in in	1 -1	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S S	IGNATURE
		withle	Bernesel	h rd	. 20838 M	AV 1 2 1002	Thomas ad	Martin



106 East Church St. Frederick, MD

FOR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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STATE OF MARYLAND

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1 - STATE REGISTRAR				TE OF DEATH	REG. N	0	4	
DECEASED NAME FIRST	-	MIDOLE	LAST				AY YEAR	2b HOUR
(TYPE OR PRINT) Cath	erine	Craigmile	MICH	HAEL	May 11,	1982		4:50 PM
3 SEX	4. RACE		5. DATE OF BIR		6. AGE (IN YEARS LAST BIR		F UNDER I YEAR	IF UNDER 24 HRS
Female	Whi.te	EC	April	11, 1962	79	YRS	ONTHS: DAYS	HOURS MIN.
o. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania		S.A.	MARRIED X	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF	R COUNTY		MD
10. CITY OR TOWN OF DEATH Frederick	Freder	HOSPITAL, NURSING HEACILITY, GIVE STREET AD ICK MEMOR	ial Hos	HER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOME		126. KIND C INDUSTRY HO	E BUSINESS OR
Maryland Fr		GIVE RESIDENCE BEFORE AI 13c. CITY OR TOWN Frederic	k 13d	INSIDE CITY LIMITS?	13e. STREET ADDRESS 107 West	Churc	h Stre	et
4 FATHER'S NAME FIRST William	E •	Craigmi	1e	Mary	E WIDDLE		Eld	er
(YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR OATES) None	166 SOCIAL SECURI		SSELL L. N	ichael,	East ederic	Church	Street
Conditions, if ony, which gove rise to immediate couse iol, stating the underlying cause last. PART 2 OTHER SIGNIFICAN PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION WMID) 788 210, ACCIDENT WAS UNDERSTYING OR CONTRIBUTING CAUSE OF (WE EITHER, NOTIFY MEDICAL EXAMPLE)	DUE TO, OR [c] T CONDITIONS CO 19b CONDIT 2 SU 17b. TIME OI HOUR A.A	TION FOR WHICH O	CE OF ATH BUT NOT ERATION WA		200 AUTOPSY? YES NO ARED (ENTER NATURIOF INJUITED	20b. IF YES,	WERE FINDINING CAUSES	IGS USED
OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHEY RECOLD, EXAM) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 27e. I certify that (I) (this has not been all and the contributions of the contributio	21e. PLACE (AT HOME STRE	INJURY FACTORY, OFFICE FARI	w. ETC.) 211		to death occurred on the do	, 19 ste and hour o		1 /
22d. PHYSICIAN'S NAME (TY	E OR PRINT)		1276	PHYSICIAN [DIRECTOR PHYSIC	IAN []	121	1-18,

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR:

MPORTANT: If Item 21 is should be detoched far with the State Dept. af

230. BURIAL, CREMATION, REMOVAL CREMATION

Dr. Timothy Hickey, Jr., M.D.

231. NAME OF CEMETERY OR CREMATORY May 13, 1982 Smithsburg Crematory

Parkview Medical Center, Frederick, Md.

Smithsburg,

Smith, Keeney and Basford Puneral Home 106 Fast Church St., Frederick, Md. 21701

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FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

REGISTRAR REG NO 20. DATE OF DEATH MONTH DECEASED NAME 26 HOUR (TYPE OR PRINT) Edgar Miller May 10, 1982 5:12 Leo 1. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) September 28, 1920 HOURS Male Caucasian BIRTHPLACE STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Maryland USA Frederick WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION TELEWAPEREATH 2ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR Postal Worker Postal Frederick Memorial Hospital SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13. STREET ADDRESS 13227 Cactoctin Furnace Road Maryland Frederick Thurmont 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Charles M11ler Brown Everett Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (WW GREWAR OR DATES) 213-18-8562 Lelia M. Miller 13227 Catoctin Furn. Thurmont, Md. APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 Canditions. gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOTA NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER 19 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceosed alive an above. (1) we) (did) (did no) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 57b: SIGNATI DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS TYPE OF PRINCIP George Morningstar, MD South Seton Ave. Emmitsburg, Maryland 21727 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23t. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial

1982 Resthaven Cemetery

DHMH - 16 60M 1/75 (VR A 15 (4))

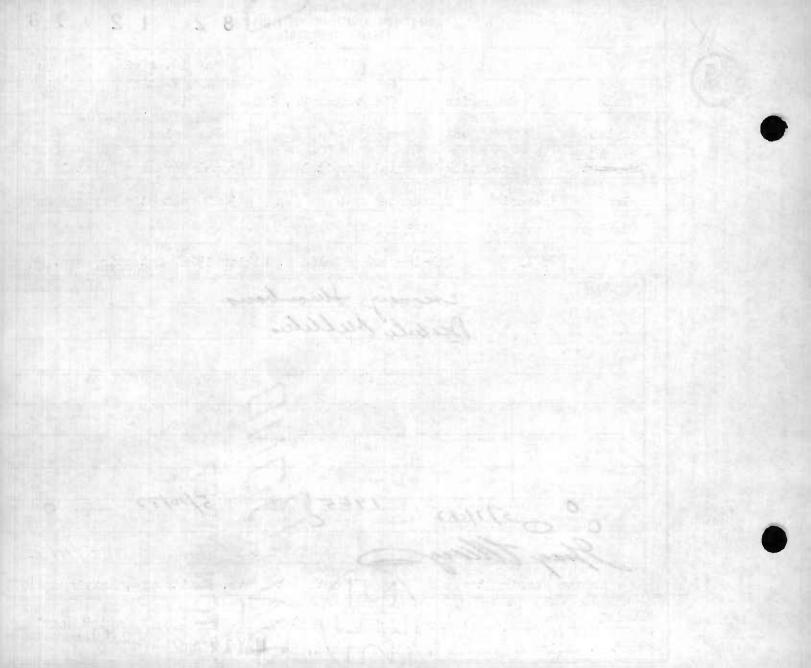
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and Mental Hy 80

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14 FUNERAL DIRECTOR Robert E. Dailey & Son 615 E. Main Thurmnot, Md Frederick Frederick Maryland

250 DATE REC'D. BY REGISTRAR 256 PEGISTRARE SENATURE neme



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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stran 25b. REGISTRAN'S SIGNATURE

		REGISTRAR				CEKITI	ICATE OF	JEATH	REG	NO.			
ı		EASED NAME	FIRST	/	MIDDLE	ı	AST		20. DATE OF DEATH		DAY YEAR	2b. HOUR	_
1	(TYPE	OR PRINT)	Nelso	n	W.	MYER	S, Sr		Ma	y 15.	1982	4:35 P	M
1	3. SE)	(4.	RACE		5. DATE C			6 AGE (IN YEARS LAS	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS.	
		Male		Whi	te	MONTH	eb. 8,	1899	8	3 YR	MONTHS, DAYS	HOURS MIN.	
1		RTHPLACE (STATE C	R FOREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8.	D NEVER	A A BRIED	9. BALTIMORE CIT	OR COU	NTY OF DEATH	- 5 T - 1	
	Ì	Maryland		1	USA	WIDOWE		VORCED	Frede	erick	Co.	M	D.
7	10 CI	TY OR TOWN OF D	EATH 11		HOSPITAL, NURSIN		R OTHER INS	TITUTION	120 USUAL OCCUP	ATION	12b. KIND (OF BUSINESS OR	-
1		Frederick		Frede	rick Memo	orial	Hospit	al	Carpente		ACTUAL INDUSTRY		
5	13a. S	AL RESIDENCE (IF NO	136 COUNTY	1	13c. CITY OR TOW		13d. INSIDE C	ITY LIMITS?	13e. STREET ADDRES	SS			
1		aryland	Freder	ick	Ijamsvi]	le	YES 🔽	NO 🗌		lusse	tter Rd.		
4	14 FA	THER'S NAME FIRST	MID	DLE	LAST		15. MOTHER	S MAIDEN NAM	VE WIDDI		i.A.	ST	
1		Lewis			Myers	3.74		Julia		Q:-00	Walker		
		VAS DECEASED EVE	R IN U.S. ARME		16b. SOCIAL SECU		17 INFORMA		ADI	4732	Mussette	er Rd.	
I		No			216-14-5	5282	Nelso	n W. My	ers, Jr.	Ijam	sville, h	1d.	
		18 CAUSE OF DEA	ATH (Enter anly	ane cause per	line far (a), (b), on	d (c1.)	1	1			APPRO) BETWEEN	ONSET AND DEATH	
		PARTI, DEATH	IMMEDIATE		Cadi	ac	Jus	Ta			10514	in milem	le
		Ullac			R AS A CONSEQUE	ENCE OF					F3 5310		_/
ı		Conditions, if or	iv. which	(b)		ced q	eneral	zed A	Menuscl	ensi	ic 20	year	
1		gove rise to in cause (o), sta	mmediote) ,,,,		0		0				0	_
1		underlying cau		DUE 10, 01	r as a consequi	ENCEOF							
١		PART 2. OTHER SIG	GNIFICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	NAL DISEASE OR CO	ONDITION	GIVEN IN PART 1	(a	=
	O												
7	CERTIFICATION	190 DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		YES, WERE FIND		_
71	TIFIC	Z 170 X		THE ST					YESTI NOT		RTIFYING CAUSES	NO	
7	CER	21a. ACCIDENT WAS U	INDERLYING	21b. TIME O			21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF I	NJURY IN ITEM	18, PART 1 OR PART 2)		-
	AL	OR CONTRIBUTING		HOUR A.	M. MONTH D	AY YEAR	10.00						
	MEDICAL	21d. INJURY OCCU		21e. PLACE		17	21f. LOCATI						-
1	ME	WHILE NOT	WHILE O	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC)	STREE		CITY O	RTOWN	COUNTY	STATE	
1		220.1 certify that		attended the	e deceased from	(4	157	40-4-	to 5-	15	10.82	that (1) (we) last	_
1		saw the deced	ased alive an	12	1- 198	O or	nd that in (my)	(our) opinion o	leoth occurred on the	dote ond			
١		22b. SIGNATURE	(dids (did nat) s	new the bady	after death.		DEGREE				22c. DATE	SIGNED	-
1		100	L. M	ee:		M	.D.	ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN [May	16, 198	2
٦		22d. PHY5ICIAN'S	NAME (TYPE OR PE	RINT)			22e ADDRES		J DIRECTOR TITL	JICIAN _		10, 170	~
-		Ral	ph L. M	ichels	M.D.		Frede	rick Me	dical Cent	ter. I	Frederick	. Md.	
+	23a, R	URIAL, CREMATION		23b. DATE		NAME OF C	EMETERY OR		123d LOCATION	- ,		-,	=
1		SPECIFY) Buria.		May 18			ille Me		CITY OR TOWN		Frederic	STATE MA	
		Ma or Cl.			7 - / - ~ -	A CTOWN A		977.0	TAGMPAT	LLC	TLOGGLTC	Da Pilla	

Molesworth, P.A., "Damascus, Md.

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detached for use as the burral-transit permit. Then please remove carbon paper with the State Dept. af Health and Mental Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: If Hem 21 is

24. FUNERAL DIRECTOR Offin L.

the state of the s . e. E. 1 39 relocate facilitation and relocation description refer comments and the comment of th enter care TOTAL 1-1-4 Legiting to the State of the St The second secon alou palester, resues featent formers . The electric . In Lan ביין, אובן יון היידי ביין, אובן יון היידי ביין, ביין

		m -5
	3 PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be intending physicion.	sr this certificate has been signed by the attending physician and campletely filled in by the lumination of a the burial-tronsit permit. Then please remave corbon papers Pages 1 and 2 should be tiled. Thin T so, the death and Mental Hydiene prior to burial, cremation, or removal.
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VISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	S PHYSICIAN: The Intending physicion.	is this certificate hos been signed by the attending physic the burial-tronsit permit. Then please remaye corbon popel and Mental Hydiene prior to burial, cremation, or removal.
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or Item 18 sh

CERTIFICATION

MEDICAL

STATE OF MARYLAND

PEARL

76 CITIZEN OF WHAT COUNTRY

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

White

USA

4 RACE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

YES

13d. INSIDE CITY LIMITS?

1898.

DIVORCED [

NOF

George T. Myers

15. MOTHER'S MAIDEN NAME

Laura

LAST

5. DATE OF BIRTH

December 6.

MONTH

WIDOWED A

MYERS

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Frederick Memorial Hospital

166 SOCIAL SECURITY NO

219-66-3323

Frederick

Delphey

REG. NO

Frederick County

Housewife

202 Grove Blvd.

MIDDLE

ADDRESS

BALTIMORE CITY OR COUNTY OF DEATH

OAY

IF UNDER 1 YEAR

Home

21701

Hildebrand

12b. KIND OF BUSINESS OR

2a. DATE OF DEATH

83

AGE (INYEARS LAST BIRTHDAY)

USUAL OCCUPATION

13e. STREET ADDRESS

21701 202 Grove Blvd. Frederick. MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line to) (a), (b), and (c). PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1102 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO F

211. LOCATION

22e ADDRESS

ATTENDING &

PHYSICIAN

should be determined by the Stote 23a BURIAL, CREMATION, REMOVAL (SPECIFY) Buria1

FOR

REGISTRAR

Female

BIRTHPLACE (STATE OF FOREIGN

Maryland

Frederick

Maryland

4 FATHER'S NAME

O. CITY OR TOWN OF DEATH

160 WAS DECEASED EVER IN U.S.

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

saw the deceased alive an,

22d PHYSICIAN'S NAME (TYPE OR PRINT)

22a.1 certify that (1) (this beesital) attended the deceased from

above, (1) (we) (did) (did not) view the bady after death

LYES. NO OR UNKNOWN

NO

BALLY

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION

13b COUNTY

Frederick

ARMED FORCES?

Grant

DECEASED NAME

- STATE

(TYPE OR PRINT)

COUNTRY)

13a STATE

3 SEX

23b. DATE May 20, 1982

21b. TIME OF INJURY

21e. PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

23c NAME OF CEMETERY OR CREMATORY

DEGREE

22c. DATE SIGNED

STATE

MEDICAL

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2)

CITY OR TOWN

STAFF

Mount Olivet Cemetery Frederick, Frederick, MD

COUNTY

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP

ATTENDING

Smith, Keeney and Basford

106 East Church St. Frederick, MD

and that in (my) (aur) opinion death occurred on the date and hour and fram the causes stated

DIRECTOR PHYSICIAN

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SEX	K 4 RAC	E \	5. DATE OF BIRTH	YEAR	AGE (IN YEARS IF U	INDER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN PRONOUNCED	MONTH	DAY YE	AR 2d HOL
		anish	Unkno		31 YRS.		DEAD)	19 19	107
	RTHPLACE (STATE OR DREIGN COUNTRY) Cuba	V	76. CITIZEN OF WI		MAR	RIED NEVER MARRI	ED 🔠	city <u>or</u> coul rick	NIT OF DEATH	
0. C	ITY OR TOWN OF DE.	ATH	11. NAME OF HOS		SING HOME, OR OT		12a. USUAL OCCUPATION		12b. KIND OF OR INDU	
	Frederick		Rt #3	355			Car Mecha		None	е
a S	AL RESIDENCE (IF INNL TATE Aryland	136 COUNT		13c. CITY (erore admission) OR TOWN erick	13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 412 W Sou	th Stree	et	
4. F.	ATHER'S NAME		MIDDLE	L	AST	15. MOTHER'S MAIDE	N NAME MIDDLE		LAST	
	Angel			0	live	Eloina			Espinos	sa :
60.	WAS DECEASED EVER	(IF YES, GIVE V		16b. SOCI	AL SECURITY NO.	17 INFORMANT		DDR8707 E	Barron S	Street
	No				one	Julio Oliv	ve-Espinosa	Takoma	Park,	
	18. CAUSE OF DEA	TH (Enter only	y one couse per line	M (h)	A. O.	Tolema			BETWEEN O	NATE INTERVAL NSET AND DEAT
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>	8190		DUE TO, OR	AS A CONS	SEQUENCE OF					
1	Canditions, if									
	gave rise to couse (a) stating		(b)	AS A CONS	EQUENCE OF					
	lying cause last		DOE TO, OK	AS A COINS	EQUENCE OF					
	- 11-11-11-11		(c)							
	PART 2 OTHER SIGNIFICAT	NT CONDITIONS (ONTRIBUTING TO DEATH	BUT NOT RELAT	EO TO THE TERMINAL OISE	ASE OR CONDITION GIVEN IN PAI	RT 1 (a).			
CERTIFICATION										
TAT	190. DATE OF OPER	ATION	196. CONDI	TION FOR W	HICH OPERATION	WAS PERFORMED?			20. AUTOP	SY?
IFIC									YES [NOV
EX	210. EXTERNAL CAL		216. TIME O	FINJURY	21c.	HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY I	N ITEM 18 PART 1 OR		^
	UNDERLYING	OR	JOUR A	MONTH	DAY YEAR	/	car			
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MEDICAL	WHILE TO NOT	WHILE Y		TORY, FARM, ETC	C.)	77-1	CITY OR TOWN	6	deick	har
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	death resulted from	m: Natur	ol causes	ccident	, Suicide L	, Homicide	Undetermined monne	r		1 1
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	ACTUAL SIGNATURE	101	V			M.D. Deputy	MEDICAL EXAMINE	R SIGI	VED.	13/8
		F "				- cp a cy	812 Tol	1 Hous	e Ave.	. /
	EXAMINER'S NAME (TYPE OR PRINT)	Rob	ert J.	Thoma	s, M.D.	ADDRESS	Frederi			77
0.2							123d LOCATION			
23a, E	BURIAL, CREMATION,				AME OF CEMETERY		CITY OR TOWN	-	YTHUG	STATE
	Crematic	OD	5/20/82	Sm	ithsburg (Crematory	Smithsburg	y, Washi	ngton.	Md
24.5	THE REAL PROPERTY.	Horse	CD /2 1.9	201 N	Market St	reet 250 DATE	1 1982	56. RECUSTRAR'S	SIGNATURE	
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	meral Home	es. P	A /	eder T	CK, MU 21	701 I		4	4 110 84 04	-
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STATE OF MARYLAND

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	STAM # 000		y

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG NO MIDDLE DECEASED NAME 20. DATE KNOWNXX 7h HOUR Alicia (TYPE OR PRINT) OF ESTI-Francisco DEATH MATED 27 1982 Patterson KKXXX 6. AGE (IN YEARS IF UNDER 1 YR. Ppine MONTH DAY IE LINDER 24 HRS DATE 3" HOUR 3" 52" LAST BIRTHDAY) PRONOUNCED Drikk Donk June 17, 1946 35 1982 DEAD Female Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Philippines USA DIVORCED Frederick County. WIDOWED [urs after death. If any delay is n B. give pages 1, 2, and 3 to the fil with form pm 3. retain page 5 It. pages 1 and 2 should be filled. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Teacher OR INDUSTRY School Frederick Memorial Hospital Frederick 13d. INSIDE CITY LIMITS? rLIMITS? | 13e. STREET ADDRESS | 8604 Discovery Blvd. 13b. COUNTY 21793 Frederick Walkersville YES Maryland DIVISION OF VITAL 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Damian Francisco Remegio 16b. SOCIAL SECURITY NO. 8604 Discovery Blvd. Walkersville, MD 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 573-92-9519 John L. Patterson NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Abdominal trauma DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CATE, WRITING THE WORD "PENDIN FORWARDED TO THE CHIEF MEDIC TOR: PAGE 3 SHOULD BE USED AS A THE STATE DEPARTMENT OF HEALTH. AND, 21201 PRIOR TO BURIAL, CREM CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED TENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2 HOUR XX. MONTH DAY YEAR UNDERLYING X OR MEDICAL Driver in auto/plane impact CONTRIBUTING CAUSE OF DEATH : 50 P.M. 21e PLACE OF INJURY 21f. LOCATION 21d. INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 35 AFTER DEATH, WITH THE STATE DEBALTIMORE, MARYLAND, 21201 PF STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE X Frederick Highway 15 Frederick road harge at the remains described above, held an and in my apinian Hamicide Undetermined manner death resulted fru TITLE (SPECIFY) ACTUAL 5/28/82 M.Deputy Chiefedical EXAMINER SIGNATURE EXAMINER'S NAME III Penn ST. Balto. Md. Thomas D. Smith, M.D. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE June 1,1982 | Mount Olivet Cemetery Frederick, Frederick, Maryland Burial BP REC'D. BY REGISTRAR 1250 REGISTRARIS SIGNATURE Smithe Keeney & Basford ADDRES CELL Waccus **DHMH-17** 106 East Church St. Frederick. MD 21701 (VR A15 ME (5)) 15M 2/80

Name Partition one it, 1980 of no the Color of th F72-07-0710 John L. Cuttercon Clwd. ,#15drestille. costel June 1,175t Fount Like Coetter Contented, Speinster, ranging It is a least of the could see the

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	REGISTRAR				CEKTIF	ICAIE OF DEATH	REC	NO.		
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	1/1	121	100	YUN	/	EREY)	27	86	1/25
3. SE	X	4	RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 H
	Female		White	_	MONTH	DAY 40 YEAR	0.4		MONTHS DAYS	HOURS M
			MIIT	8	98	n. 21,1951	31	YRS		
M. B	IRTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF	WHAT COUNTRY?	8.	5 7	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
	Maryland		175	SA		NEVER MARRIED	Frank		n	
-					WIDOWE			erick		
10 C	ITY OR TOWN OF DEAT	H 111				R OTHER INSTITUTION	120 USUAL OCCUP			OF BUSINESS
F	rederick		Frede	rick Memo	ADDRESS	Hogoital	Housewi		LIFE) INDUSTRY	
						nospital	Housewi	Te		
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1	Ray			Naill		Dorothy				01
160.3	WAS DECEASED EVER IN	VIIS ADA45	D FORCES?	16b SOCIAL SECU	IDITY NO	17. INFORMANT		DRESS	Alger	
		(IF YES, GIVE W				IV. INFORMANT	AU	DKE33		
	No			215-48-8	975	Larry E. Pe	rry. It.	em 13		
	T							3.4 1)	- ABBBON	
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=			775				YES TI NOT		IFYING CAUSES	
3	21g. ACCIDENT WAS UNDE	BIVING C	21b. TIME O	E INTUIDY		21- 11034/15/15/19/ 000		-	[]	NO 🗌
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¥	OR CONTRIBUTING CA		P.			Carried Street, Street				
S	21d. INJURY OCCURRE		21e. PLACE		19	211. LOCATION				
MEDICAL			(AT HOME STR	OF INJURY REET, FACTORY, OFFICE, F	ARM. ETC 1	STREET	CITY O	RTOWN	COUNTY	STATE
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	22a.1 certify that (1) (1		/		19		, to	D	, 19	thaili (we)
	sow the deceased	olive on	7 7	19_3	, on	d that in (my) (our) opinion of	death occurred on th	e date and ha	ur and from the	couses stated
	22h SIGNATURE	untaid not) v	new-rine body	orier deoth.		DEGREE				
<	THE TORK	7		1			115015.11		224 DATE	SIGNED
	1-7	CITY	-2010	- lung	7	ATTENDING	MEDICAL S	TAFF	5/0	8/80
	22d. PHYSICIAN'S MAN	ME (TYPE OR PE	RINTS			22e ADDRESS	J CARCOTON CO PRIN	O'C'IVIA [7]	-	90-
		" CITE ON PR	-			- Page 1973				
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220	PURIAL CREMATICAL ST	THOUSE T			LAME OF S				19140	GOT TOV
230. E	BURIAL, CREMATION, RI		23b. DATE			METERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	(SPECEY) Burial		May 31	,1982	Pine	Grove	361 .		Parroll.	Ma
24 FI	UNERAL DIRECTOR			,			E REC'D. BY REGISTR			FIDE
		Molos	···owth	TO A ADDRESSES		3/a 230 DAI		ARIZAGEGIS	TICHES SIGNA	WELL.
	MANOlin L.	TIOTES	sworth,	F . R. , D	amascu	is, Md.	3 1982	prom		
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	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 2	NO.	3 0	0 4
	1. DE	CEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	0.05		Lenn	Lay1	ton	5. DATE O	nares	6 AGE TIN YEARS LAST	MAY	IF UNDER I YEAR	9,340M
	3. SE	Male		White	2		23, 1901 YEAR	80		ONTHS DAYS	HOURS MIN.
57	7a B	RTHPLACE (STATE OR F COUNTRY) Indiana	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY			
04	10 C	TY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NURSIN	OF1a1	ROTHER INSTITUTION Hospital	12a USUAL OCCUPA	TION	12h KIND	of Business or Register
35	130. S M2	AL RESIDENCE (IF NURS STATE Aryland	13b. COUP	otherinstitution NTY derick	13c CITY OR TOW Freder	ick	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2760 Lyn	n Stree	t	
20	14 FA	THER'S NAME Willard	1	MIDDLE M.	Phares		15. MOTHER'S MAIDEN NA	MIDDLE			ssing
		VAS DECEASED EVER (ES, NO OR UNKNOWN)	IN U.S. AR	MED FORCES? VE WAR OR DATES! N ONE	16b. SOCIAL SECU 275-05-9		17. INFORMANT Mrs. Nancy J	ADD i 11 Sheedy	RES 2760 Frede	rick.	Street Md. 2170 XIMATE INTERVAL NONSET AND DEATH
	CERTIFICATION	underlying cause	nediate g the last.	conditions <u>c</u>		DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CO	20b. IF YES,	WERE FIND	ELTH
9		210. ACCIDENT WAS UNE OR CONTRIBUTING CIFETHER NOTIFY MEDIC	CAUSE OF DE	ATH HOUR A		AY YEAR	21c. HOW INJURY OCCURR	YES NO NO RED (ENTER NATURE OF IN	YES		NO [
	MEDICAL	21d INJURY OCCURE	nce 🗆	21e. PLACE (AT HOME, ST	OF INJURY	ARM, ETC)	21f LOCATION STREET	7 CITY OR	NWO1	COUNTY	STATE
		22a. I certify that (I) saw the decease abave, (I) (we) (c	ed alive an	may	19_19_	gran	od that in (my) (our) apinian	ta death accurred an he	date and haur		, that (I) (we) last e causes stated
		The SIGNATURE	8/10	Kunn			DEGREE ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	22c. DAT	20/12
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	23a	BURIAL, CRÉMATION,	REMOVAL	23b. DATE 1ay 23			en Memorial G	23d. LOCATION city or lown andens Fre	derick,	Fred	., Md STATE
81	24 F	Smith, Kee	Dulley hurc	and Basi	ford Fune Frederick	ral II	ome MAY	2 5 1982	R 254 REGIST	AR'S SIGHT	TURE

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21701

106 East Church St. Frederick, MD

STATE OF MARYLAND

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- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

17h KIND OF BUSINES INDUSTRY Auto Dealer 903 Rosemont Avenue Barnes Mrs. Olga O. Roney, 903 Rosemont Avenue, Frederick, Maryland 21701 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY (our) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED 804 Toll House Ave. Fred. Md. 21701 Frederick Frederick Md. Smith Keeney Hastord In Tuneral 106 E. Church St., Frederick, Md. BY REGISTRAR 256 REGISTRAR'S TONATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

IF LINDER I VEAR

0 0 6 7 5 8 -Product do rebers Maryland Frederick Frederick m . 903 Rossmont Avenue Joint H. Honey Florence ver to I, II 220-11-1283 weres trederion, sorviend 2010 APPEAR THE TENED OF THE PERIOD FOR THE THE PERIOD OF THE P Cartell J. Carteller, 1982 . H. Gilver Den. * Predoring Prodoring M. deg lar de la 200 fed june.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR										
	DECEASED NAME YPE OR PRINT)	FIRST AZE	_ Kat	MIDOLE	Rui	NKLES	2a. DATE OF I	DEATH MONTH	G OAY	YEAR	2h HOUR
3. S	SEX		I. RACE	nerme	5 DATE C		6 AGE (IN YEA	ARS LAST BIRTHDAY)	IF U	NDER I YEAR	IF UNDER 24 H
	Female		White	(C)	Mar	rch 12, 1906	76		'RS	IHS, DAYS	HOURS M
70	BIRTHPLACE (STATE OR F	OREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMOR	E CITY OR COL	11.00	DEATH	
	Brunswick,		U.S.	Α.	WIDOWE	72	Frede	erick			
	CITY OR TOWN OF DEA	TH 1	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION		OR MOST OF WORK	ING LIFE)	12b. KIND C INDUSTRY	F BUSINESS
	Frederick UAL RESIDENCE (IF NURS	ING HOME OR C				Hospital	House	ewife		Own	Home
130		136 COUNT		Brunswie	VN	13d INSIDE CITY LIMITS? YES NO -	13e. STREET A	9th Ata			
14.1	FATHER'S NAME FIRST		IDDLE	LAST		15 MOTHER'S MAIDEN NA		MIDDLE		LAS	T
6	Jacob			Moler		Laur	a T	/irginia			nith
	WAS DECEASED EVER (YES NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	215-44		Joanne M.		ADMO8 Bruns			2171
	PART I. DEATH W	AS CAUSED	DI	The second second second							
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L CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERAT	which nediote g the lost	CAUSE (6)	R AS A CONSEQUENCE AS A CONSEQUENCE OF THE BUTING TO	ENCE OF DEATH BUT	2° 76	C V A 20a AUTOP YES	SY? 20b. IN C	F YES, WI ERTIFYING YES	IN PART 100 ERE FINDING CAUSES	GS USED OF DEATH?
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DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR
John H. Bast, Jr.

FOR STATE

Boonsboro, Md. 21713

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

The Esta Atherine Park State COLL. erick Treasurel Resulted Tomacon Com Monto Daryland Frederic Semestor V 108 States. dock reality with the control of the The August Italia 215-11-9209 Johnson, English, M. 279.5 and the state of t Prisi. 5- 3- 32 Bro nswille got. Det. Bromsville, Ash. Co., Md. John F. State, vr. Sconfocet, ile. 21713 - Link Link and Aller OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fune should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within

should be detoched for use as the burial-transit permit. Then please remaye carbanpape with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, ar remayal.

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

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(TYPE OR PRINT	_	nche	Cecelia	Sa	nders	man	28	1982	7251
1. SEX /	.00	4. RACE			E OF BIRTH	6. AGE (IN YEARS AST BI	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24
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Fred	erick		ot in such facility, Gir rederick		l Hospital	TION OF WORK FOR MOST		LIFE) INDUSTRY	
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Skiles Funeral Home

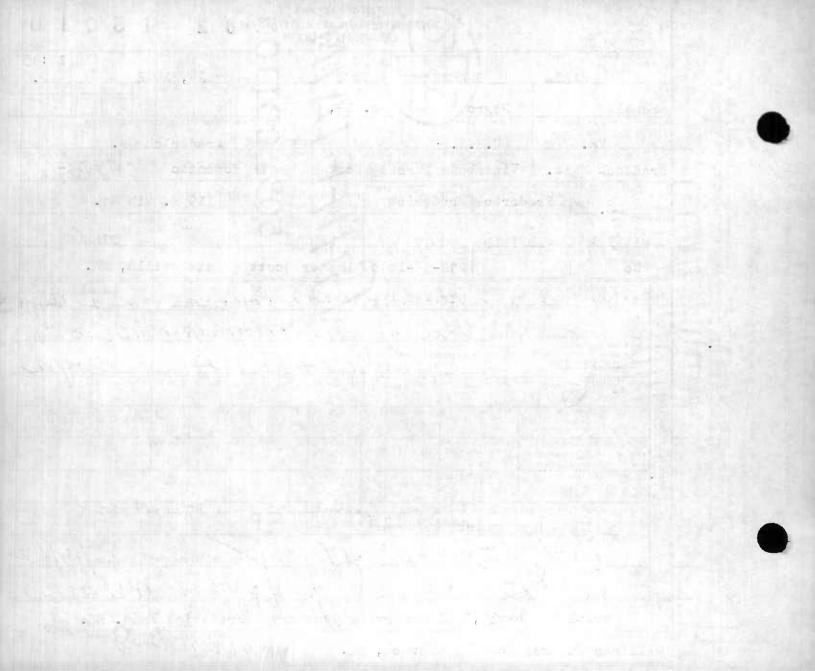
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nay be page 3	litte		MAMIE	B	TANCHE	SC	OTT	May	14. 1	982		P. M
	3. SE			4 RACE		5. DATE C	OF BIRTH		YEARS LAST BIRTHO	DAY) IF	UNDER I YEAR	IF UNDER 24 HRS
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er de fur de	10 C	ITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURS	NG HOME C	OR OTHER INSTITUTION	12a. USUA	LOCCUPATIO	N	12b. KIND O	F BUSINESS OR
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e execun and c	1	YES, NO OR UNKNOWN	(IF TES, GIVI	E WAR OR DATES	212-32	-1618	Lester Sco	tt P	etersv	ille,	Md.	
hysicial papers. avol.		18 CAUSE OF DE	EATH (Enter on	ly one couse per	ling for (d), (b), o	nd IC'.		t			APPROXI BETWEEN C	MATE INTERVAL
rtificate g physici on paper emavol.		PART I. DEAT	H WAS CAUSE	D BY: TE CAUSE (0)	1/ seel	me	nary &	Plan	ra_		1	Day.
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requires that the death considerable is signed by the attending Then please remove carbonial, cremation, or injury, or ather traumatic.	NO	PART 2 OTHER S	GIGNIFICANT (CONDITIONS <u>CC</u>	ontributing to	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEA	SE OR CONDI	TION GIVEN	IN PART 16	/
he taw re on. has been t permit 1 ene prior aws any ii	CERTIFICATION	190. DATE OF OPE	ERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUT	NO	206. IF YES, V IN CERTIFYIN YES [NG CAUSES	OF DEATH?
N: The language of the second	CER	21a. ACCIDENT WAS	UNDERLYING	216. TIME O			21c. HOW INJURY OCCUP	RRED (ENTER N	ATURE OF INJURY	IN ITEM 18, PART	1 OR PART 2)	
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TO HOSPITAL etained by 1 TO FUNERAL should be det with the State MAPORTANT:				Dr	ree		1 del	XUZ	Son	ny	2/21	750
or or sho	23a. l	BURIAL, CREMATIC			23(NAME OF C	EMETERY OR CREMATORY	23d. LOC			1	
ВР	(SPECIFY) Buri	al	May17,	1982 F	airvi	ew Cemetery	Fre	derick	Fred	Md	The
DHMH - 16 50M 7/77	24. F	UNERAL DIRECTO	R	13.70	(Donner		₹50. DA	TE REC'D. BY	REGISTRAR	REGISTRA	MAKINATI	SHE
(VR A 15 (4))	W:	ilTiams	Funera	l Home	Brunsw	rick,	Md. MA	Y 2 4 1	982	0		

STATE OF MARYLAND



STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE SA

	- STATE REGISTRAR		CERTIFIC	CATE OF DEATH	REG. N	10	0 1 4
	1 DECEASED NAME FIRST (TYPE OR PRINT) GCORG	MIDDLE _	Tony S	Shatte	R 5/23	MONTH DAY YE	AR 26 HOUR A
	3. SEX Male	4. RACE White	5. DATE OF MONTH 10	BIRTH 25 04	6. AGE (IN YEARS LAST B		YEAR IF UNDER 24 HRS
J	BIRTHPLACE (STATE OR FOREIGN GOUNTRY) Maryland	76 CITIZEN OF WHAT O	COUNTRY? 8 MARRIED WIDOWED	NEVER MARRIED DIVORCED		OR COUNTY OF DEAT	Н
4	Frederick	11. NAME OF HOSPIT. (IF NOT IN SUCH FACILITY Frederick	9.0	OTHER INSTITUTION Hespita]	12a USUAL OCCUPAT	OF WORKING LIFE) INDUS	ND OF BUSINESS OR
[]	14. FATHER'S NAME	derick Fre	derick	34 INSIDE CITY LIMITS YES X NO 5. MOTHER'S MAIDEN	13e. STREET ADDRESS 1421 Tan		300,200
			Shaffer	Effie			ritz
	160. WAS DECEASED EVER IN U.S. A (YES. NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES		Mrs. Fran	nces Ahalt	Mt. Air	У
	PART I. DEATH WAS CAUS 496 IMMEDIA Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A (CONSEQUENCE OF	saucur	e fulmora	in flisea e	5 yrs:
	PART 2. OF R SIGNIFICANT THE DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	edial.	OR WHICH OPERATION	id.	200 AUTOPSY? YES NO P	20b. IF YES, WERE FIT IN CERTIFYING CAU	NDINGS USED
,	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MO	ONTH DAY YEAR		CURRED (ENTER NATURE OF INJU	URY IN ITEM 18 PART 1 OR PAR	7 2)
	AT WORK		ORY, OFFICE, FARM, ETC.)	EII LOCATION STREET	CITY OR TO	OWN COUNT	STATE
	22a 1 certify that (1) (this haspen the deceased alive of the re, (1) (we) (did) (did no 2 this standard Ture	Park 2:	19 7 ond	that in (my) (our) opin GREE	ion death occurred anythe o	22c. D	that (I) (we) lost the couses stated ATE SIGNED
	220 PHYSICIAN'S NAME (TYPE	OR PRINT)	og MI	ATTENDING PHYSICIAN			123/82
		_ /	1		1/	. /	/

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

IMPORTANT: If Item 21 is morked or Item 18 shows ony

Burial 5/26/82 Resthaven Memorial Brederick, Frederick, Md.

RAL DIRECTOR

Douglas Stauffer Frederick, Md.

Frederick, Md. 24 FUNERAL DIRECTOR

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arvland Endowson

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Osorro Astiony Staffer Hille Rell Hissal

219-11-22 Wine. Frances Main to A. Aler

Eurial 5/26/62 Resthuren edorial Brederick, Predorick, d. 1621 Prossumbown Programme P

i. Louding Stauffer Treferiol, d.

1	~	1	FOR			DEPARTMENT		MARYLAND H AND MENTAL	HYGIENE ()	1 -9 /	0 1 7
0	OR.	1-	STATE REGISTRAR		ME			CERTIFICATE	DEDEATH 4	G. NO.	113
		1. DE	CEASED NAM	E FIRST		WIODIE		LAST	20. DATE KNOW	IN MONTH DA	Y YEAR IN HEAR
	25 e	(TYP	E OR PRINT)	ANNA	MAI	RIE	SHEE	MAN	OF ESTI-	10	19870 M
	PIEA	3 SE)		4. RACE	5. DATE OF BIRTH	6. AG		NDER 1 YR. IF UNDE	R 24 HRS. 2c. DATE	MONTH DA	
	SARY, I		male	White	May 2	1900 82		IAS DATS HOURS	DEAD	3 /	8 198741
	S O O T III		RTHPLACE (5)	TATE OR	76. CITIZEN OF W	HAT COUNTRY?	8. MARI	RIED NEVER MAR	RIED 9. BALTIMORE C	ITY OR COUNTY O	F DEATH
	7000	W	ash. D	C.	U.S.A.	CDITAL AULDSING		WED XX DIVOR	LI GUELI		MD.
	AY IS THE PAY IS THE P	13			(IF NOT IN SUCH F	SPITAL, NURSING	ORESS)	HER INSTITUTION	12a USUAL OCCUPATION FOR MOST OF WORKING LIFE		
	-10 a m . C		ederick		OR OTHER INSTITUTION,		ACMISSION)		Cherical Su	mervisor/	Railroad
21201	A Z N O CL		ryland	13b. COUN	lerick	Middlet		13d. INSIDE CITY LIMITS?		Connet	
0.21	2,2 3,3 8 AL 8		ATHER'S NAME				OWII	15. MOTHER'S MAIL		Court	LAST
MD.	TE SEST	J	ohn	Alov	MIDDLE	Ash		Cornel		म	owler
AORI	FORM FORM ON OP AN	16a. V	VAS DECEASE	DEVER IN U.S. AR		16b. SOCIAL SE	CURITY NO.			DECC	as #13
BALTIMORE,	B. GIVE PAR WITH FOR T. PAGES 1		No			718 10	6183	Laurence	/.	0	1
7	DUR 18. OW MI. P		18. CAUSE C	F DEATH (Enter or	nly ane cause per lin	e ar (a), (b), fad	c).) , 1	Monda	land	JA . Clas	APPROXITE INTERVAL
SNS	N 24 HOLL I ITEM 18 ALONG N F PERMIT. YGIENE, D		40	G MAMEDIA	TE CAUSE (a)	R AS A CONSEQU	ENICE OF	CXXXV PIL	· carey	were	- 004
PRESTON ST			Canditia	ns, If any, which		K AS A CONSEGO	LIVEE OF			CI PATA	
× .	V PENCIL IN EXAMINER FEXAMINER FINEL TRANSIT MENTAL HY OR REMOVAL		cause (a	se to immediate) stoting the <u>under</u>		R AS A CONSEQU	ENCE OF				
301 W.	A A A A A		lying cau	use last.	(c)		16.75				
	"PENDING" IN "PENDING" IN EF MEDICAL E. SED AS A BURI HEALTH AND / CREMATION, O		PART 2 OTHER ST	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT RELATED TO	THE TERMINAL DISEA	SE OR CONDITION GIVEN IN	PART 1 (a)		
DIVISION OF VITAL RECORDS,	PENDI PENDI FF MED SED AS HEALTH CREMA	CERTIFICATION	10- 0475 05	OPERATION	Ties contr	TION FOR WILLIG	LODEDATION	WAS PERFORMED?		los	ALITORCUS
ALR		FICA	196. DATE OF	OPERATION	196. COND	IIION FOR WHICI	OPERATION	WAS PERFORMED?		20	AUTOPSY?
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O Z	THE THE OULD THE STANE		UNDERLYING	OR OR		M. MONTH DAY	YEAR				0.5
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No.	THIS CER WARDED WARDED PAGE 3 S TATE DEF	2	AT WORK	NOT WHILE () STREET, FA	CTORY, FARM, ETC.)		SIREET	CITY OR IOWN	COUNTY	STATE
	" HI & C S C				ge at the remains the	ncribed abave, he	d an Auto	psy , Inspect	ian, Inquiry ,	and in my apinia	n
	EXAMINER CERTIFICATI ULD BE FOI DIRECTOR: WITH THE ARYLAND, 2		death result	ed rom yaru	and growing love	Accident .	Sylde [], Hamicide [Undetermined manner		
	EXAJ CERT JID DIRE WIT		ACTUAL	1 Tou	J A	1 Auno	/	TITLE (SPECIFY)		DATE	5/10/61
	CAL THE SHO SHO SHO ATH,		SIGNATURE		()	10000		w.o. Deputy		SIGNED.	1,0/0
	MEDIC CUTE T CUTE 4 S SE 4 S FUNER FUNER TRAORI	1	EXAMINER'S (TYPE OR PRI	NAME Rob	ert J. T	homas,	M.D.	_ADDRESS	812 Toll H	louse Ave Md. 217	
	TO MEDICAL EXECUTE THE CASE A SHOULD TO FUNERAL FATER DEATH, BAITMORE, MY	23a.B		TION,REMOVAL	23b. DATE	23c. NAME	OF CEMETERY	OR CREMATORY	23d. LOCATION	COUNTY	STATE
	BP		BURIAL		May 21,19		lawn Ce		Rockville,		
	DHMH - 17	24. F	UNERAL DIREC	DeVol	Funeral	23			E REC'D. BY REGISTRAR 256	REGIST AR'S SIGN	ATURE
	(VR A15 ME (5)) 15M 7/76	2	stobert	A. Weda	£ 2222 Wi	isc. Ave.	NW/Wash	DC	MAY 2 4 1982	name 0	7

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ment grant ments to ment to the second to th J. ha. Governme the Committee C. Swinger T. TIE IN SING I LOWER J. Makes No 11,1 II Drklawn Campberry | Noosville, Mentioners All. David Present Loved

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G.Douglas Stauffer Frederick.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

*arrland marketing marketing and the second of the second Alteria de la companya del companya de la companya della companya anyland redories rodenics s 321 . areat treet dilliam calvin that webi diviso meilli upin 5/24/2 = lue idea Cametany Churcont, reds ick. 6. 1.21 mossumtown in . Den las tauffer referio's, d.

CHECHE E CHECKER

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) ESTI-Walter Thomas SIMMS DEATH MATED 19 4. RACE 5. DATE OF BIRTH 3. SEX 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 19,191 DEAD WITHIN 72 67 YRS Male Negro Apr. 5 TO BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? B. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL WITH FORM PM 3, RETAIN PAGE 5 FOR Y T. PAGES 1 AND 2 SHOULD BE FILED WITHIN DIVISION OF VITAL RECORDS, 201 W, PREST 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland USA Frederick B DIVORCED WIDOWED 120. USUAL OCCUPATION (TYPE OF WORK 10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Frederick Frederick Construction Hospital Memorial USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Frederick Airv Maryland YES 🗌 NO X Route 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST Walter Simms Onley Clara 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Lewisdale Rd. (YES, NO. OR UNKNOWN) I HE YES GIVE WAR OR DATES! 213-32-8505 Thomas E. Simms Damascus. No Maryland 18 CAUSE OF DEATH (Enter only one cause per line USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, I RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 16 AUTOPSY? 21201 PRIOR TO BURIAL, ICATE, WRITING THE WORI FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENT O YES [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY (AT HOME. 211 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, FTC.) STREET CITY OF TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK tharge of the remay's described above, held an Autopsy 22a. I certify that and in my opinion deoth resulted Deputy ACTUAL SIGNATURE Ave. House LOTT EXAMINER'S NAME 21701 Robert J. Thomas, Frederick, Md. M. D. 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Sunnvside Cemetery Sunnvside Frederick Md. BP 24. FUNERAL DIRECTOR **DHMH-17** Molesworth, P.A., Damascus, Md. (VR A15 ME (5)) 15M 2/80

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

	1	STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	1 3 0	1 /
		ECEASED NAME FIRST	WIDDIE		AST	20 DATE OF DEATH MO	ONTH DAY YEAR	26 HOUR
WV		Paul	Dittmar	SI	MPSON	May 23,	1982	1 p. M
	3. SE	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHD	DAY) IF UNDER I YEA	R IF UNDER 24 HRS
192		Male	White	Marc	h 7,1896	86	YRS.	S HOURS MIN.
507	7a B	SIRTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	2 8	NEVER MARRIED	9. BALTIMORE CITY OR		
5	N	Maryland	U.S.A.	WIDOWE		Frederic	k County	Г. МС
30	10 C	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME C		120 USUAL OCCUPATION	12b. KIND	OF BUSINESS OR
\$10		Frederick	Frederick Nu	et address) Irsin g	Center	Superviso		OF MD.
and of	USU	AL RESIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)			72 020	01 110
SE CO	N		derick Freder	ick	13d. INSIDE CITY LIMITS? YES X NO	Brooklawn	Apts.	
E A I	14. FA	EIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NA.	MIQDLE	-	LAST
/3/21		Ridgely D.	Simpson		Α.	Florence	Alba	lugh
ar other troumatic event, the medicol		WAS DECEASED EVER IN U.S. A (YES DOOR UNKNOWN) (IF YES G	RMED FORCES? 166. SOCIAL SEC SIXE WAR OR DATES) 211 -10	-1254	Mrs. Dor: Market St	is L. Felto Frederic	n, 823 N	orth 1701
ony injury, ar othe	CERTIFICATION	cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	DEATH BUT		20a AUTOPSY? 2	Ob. IF YES, WERE FIND	DINGS USED
Swo	TIFIC		The second second			YES NO X	N CERTIFYING CAUSE YES [7]	ES OF DEATH?
tem 18 sho	-	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE		DAY YEAR	21c. HOW INJURY OCCURE			
is morked or Item	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		saw the deceased alive a above, (I) (we) (did n	pital) attended the deceased from 19 19 19 19 19	, on	d that in (my) apinion	death occurred on the date	ond hour and from th	., that ➡I (we) lost ne couses stated
MPORTANT: If Item 21		226. SIGNATURE	in Prarcol.			MEDICAL STAFF DIRECTOR PHYSICIAL		24/82
RTA		22d. PHYSICIAN'S NAME (TYPE		T. 34	22e ADDRESS			
A PO		Dr. A. Au	stin Pearre,			House Ave.	Fred. M	d. 2170
-	23a E	BURIAL, CREMATION, REACTA	23b. DATE 23c	NAME OF CI	METERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
_	_	(SPECIFBURIAL)	May 26,1982	Mt.01	ivet Cemete			
/81	24 F	SMI Pho Reene	pasiord P.A.	Fune	rat Home 250 PA	ERECO BY REGISTRAR 256	REGISTRATES LIGHT	Meser
		106 E. Churc	h St., Freder	ick, M	d. 21701	1 6 0 1307	Vi Vi	

STATE OF MARYLAND

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		FOR STATE REGISTRAR			MENT OF I	E OF MARYLAND IEALTH AND MENTAL HYO ICATE OF DEATH		REG. NO.	3 ()	8
TO		CEASED NAME FORTES	st B	Bradley	5~	SNYDER Y DEC	20. DATE OF DE	ATH MONTH	1982	EAR 2b H	OUR
الم رحون عام	3. SE	Male	4 RACE Whi	ite	5. DATE O		6. AGE INYEARS			TYEAR IF UN DAYS HOUR	OER 24 HRS
ired at our control		RIHPLACE (STATE OR FOREIGN OUNTRY) Maryland	76. CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MARRIED	1	city <u>or</u> coun derick (TY OF DEA	тн	M
Patified	F	rederick	Frede	erick Memo	ADDRESS)	Hospital	120 USUAL OCCUPTE OF WORK FOR	MOST OF WORKING		IND OF BUS	
ad st pe	13a S		other institution NTY lerick	13t. CITY OR TOW Frederi	N	13d. INSIDE CITY LIMITS? YES NO 🔀		oress Cambride	ge Dr.		
200		THER'S NAME FIRST Maurice	M.	Snyder		15. MOTHER'S MAIDEN NA Errst Edith	M	DDIE	Pur	dum	
event, the medical		VAS DECEASED EVER IN U.S. AR (ES, NOORUNKNOWN) (IF YES, GIV	MED FORCES?	215-36-6		Sarah Roys	ton Sny	der, I	tem 1	3	
r to buriol, cremotian, or injury, or ather troumatic	NO	gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT ((c)_	PR & A CONSEQUE	è 0	~ SEJERE OF				ASEACE RT 11a	
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ced or Item 18 sh	-	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	(11)	dfinjury m. month da m.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM IS	8, PART 1 OR PA	RT 2)	
morked or	MEDICAL	21d. INJURY OCCURRED WHILE OOT WHILE OF AT WORK	21e. PLACE (AT HOME, ST	OF INJURY TREET, FACTORY, OFFICE F.		211 LOCATION STREET	CI	TY OR TOWN	COUN	TY	STATE
of He		220.1 certify that (1) (this haspi saw the deceased alive an abave, (1) (worldid) (djd	MAY	2- 19 5		nd that in (my) (set) opinion			aur and from	that (I	l) (ye) loss s stoted
NT: If Item		226. SIGNATURE (Sin	1 1	1.0		MEDICAL DIRECTOR []	STAFF PHYSICIAN []	220.0	DATE SIGNE	82
with the Stote L		George I.		Jr., M.D).	804 Toll Ho	use Ave.	, Frede	rick,	Md.	
, = '	23a B	URIAL, CREMATION, REMOVAL SPECIFY) Burial	May 25			emetery or crematory	23d. LOCATIO		COUNTY	n # ~	STATE

Bethesda Meth.

DHMH - 16 50M 1/81 (VRA 15, 4)

BP_

24 FUNERAL DIRECTOR Offin L. Molesworth, P.A., ADD Damascus, Md.

May 25,1982

Browningsville, Montg. N

250. DATE REC'D. BY REGISTRAR PASS REGISTRAR ASSIGNATION

250. DATE REC'D. BY REGISTRAR PASS REGISTRAR PASS

10 Lov. 22, 1910 ASS THE ROLL OF 0.01 10 10 10 1 rearch remains the remaining of the er orlow misre rune 2 111 maria or. ır. Confidence of Property of property of states out to be furtherny places The same of the same of the AT BASE TO SEE A S nriet _ te 25,1 % to the cable to the cable, and the cable, and the cable, and the cable to the

STATE OF MARYLAND

Jactes Lange Person Committee as as 1923 Line 11:30 redorable Country Unulyrs Parent Corning TOTALO BARRANTANIA NORTH STANDORF anyland Proderick Joint of ocks X | 1522 Sallenger Treel the Fracerick . . tunkle rearl - 1532 Lellemer Leece His Worder 727-09-6503 trs. Linzie Stunkle, spint of Pocks, ed. Santa Santa Santa Santa or. toberri, assfern, a.D. ... 1804 Toll House .ve., Frederick, 54, 11702 June 1, 1932 ... livet Country Producted, Frederick, 1-4. Total Later Section of the Property of the Pro

3-3	1,	FOR - STATE	DEPARTM	STATE OF MARYLAND IENT OF HEALTH AND MENTAL HYO	GIENE 8 2	13020
	L.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
944 944		ECEASED NAME FIRST PE OR PRINT)	MIDDLE	(AST		ONTH DAY YEAR 26 HOUR
poge 3	3. S	DORO	THY H. VAN	BENSCHOTEN 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHO	5 13 82 9:504m
n after		Female	White	April 28 1910	72	YRS HOURS MIN.
2 44 b-	7a.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
00		ermont ITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED	Frederick	MU,
N) 64	I	rederick	Frederick Mem.	Hosp.	120. USUAL OCCUPATION (LYPE OF WORK-FOR MOST OF W School Teac	porking LIFE) 12b. KIND OF BUSINESS OR INDUSTRY Laucation
political de la	USU 13a	JAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE UTY USE TOWN	ADMISSION) 13d. INSIDE CITY LIMITS? YES NO 1	2.152 Florid	a Ave N.W. Wash. D.
10	14 F	ATHER'S NAME	Y2A1 BICCIA	15. MOTHER'S MAIDEN NA	ME	
11001	V	Villiam en	vanBens		Marie	Hadley 'S
Poper Poper medico		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECUI 579–12–8			8 Wistman LANE rsville, Md. 21773
physicio popers noval rent, the		18 CAUSE OF DEATH (Enter on	nly one cause per line far (a), b), and	10 0 - 0	1 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
on o		PART I. DEATH WAS CAUSE IMMEDIAT		Mucardal de	lanction	
din or or		4100	DUE TO, OR AS A CONSEQUE	NCE OF		
		Conditions, if any, which gave rise to immediate	(b)			
by the		cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF		
9 5 6		PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	VINAL DISEASE OR CONDIT	ION GIVEN IN PART Year
	NO NO	Min	Enrhuma			
ws ony	CERTIFICATION	196 DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? 2	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
shows	I E	IVV		101	YES NO	YES NO
Í co		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR THE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II	NITEM 18 PART I OR PART 2)
Mentol or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f LOCATION		
olth and / morked o	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE FA	RM, ETC) STREET	CITY OR TOWN	COUNTY STATE
s mor			tal) attended the deceased fram	gge /5 19_	, to My /	7 19 that (I) (we) last
of H		sow the deceased olive on obove, (I) (are) (did) (did na	it) vigw the body after death.	A. and that in (my) (our) opinion	death occurred on the date	and hour and from the causes stated
aerochea ate Dept.		22b. SIGNATUM	1/01	DEGREE	AMEDICA:	22c. DATE SIGNED
N Total		deser	13/3/11/1/	ATTENDING PHYSICIAN	MEDICAL STAFF	NO 15/13/12
MPORTANT:		274 PHYSICIANE THEO	V.	22e. ADDRESS	,	211/4
should by with the IMPORT	230	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	123d LOCATION	n justing 1)
MILO	((SPECIFY) Cremation		stview Mem. Park	Baltimore	Balto. Md. STATE
50M 1/B1		UNERAL DIRECTOR		25a. DA1	20-101 Jan - 51 Del 10-10-50-50	REGISTRAR'S SIGNATURE
, 4)	Se	lamone Funeral	Home Frederick	, Md, 21701 MAY	1 4 1982 4	

			P. Varsa	
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	FOR STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		REG. NO.	1 3	3 0	2	1
	DECEASED NAME FIR	ST M	IDDLE	1	AST	20 DATE OF DE	EATH MON	TH DAY	YEAR	2b. HO	UR
- 1	Sara	ah H	elen	WA	SKEY	May	26,	1982	2	6:4	45 A
3. 5	SEX	4 RACE		5. DATE C		6 AGE (IN YEAR	S LAST BIRTHDAY		UNDER I YEAR	IF UNDE	ER 24 HRS
	Female	Whit	e	Oct	ober 31, 1902	79		YRS	VIHS DAYS	HOURS	MIN.
70	BIRTHPLACE (STATE OR FOREIG	76 CITIZEN OF W		MARRIE WIDOWE	D NEVER MARRIED TO DIVORCED	9 BALTIMORE Fre	curor co				
B	city or town of death raddock Height	Vihdob	ona Nurs:	GHOME C DDRESS) ing H	OR OTHER INSTITUTION	12a USUAL OC (TYPE OF WORK FO Post N	R MOST OF WOR	RKING LIFE)	126. KIND O INDUSTRY U.S.G		
130	Maryland		Jeffer:	N	13d. INSIDE CITY LIMITS? YES NO 🛣	30 STREET ADI	oress under 1	Road			
C	Charles		askey		Virginia	A	AIDDLE			naff	
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48.	OR CONTRIBUTION TO CAUSE	OF DEATH HOUR A.M	. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE	OF INJURY IN IT	TEM 18 PART	1 OR PART 2)		
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	226. PHYSICIAN'S NAME	ve on	125 19 Green death.	K, an	d that in (my) (our) apinion d DEGREE ATTENDING PHYSICIAN 27e. ADDRESS Jefferson,	MEDICAL DIRECTOR	STAFF PHYSICIAN [nd hour or			toted
23a	BURIAL, CREMATION, REMO				EMETERY OR CREMATORY vet Cemetery	23d LOCATIO CITY OR T Frede		Fred	OUNTY erick	. M/	STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

Smith: Keeney and Basford Functial 106 East Church St., Frederick, Md Home d. 21701

Olivet Cemetery Frederick, Frederick Md.

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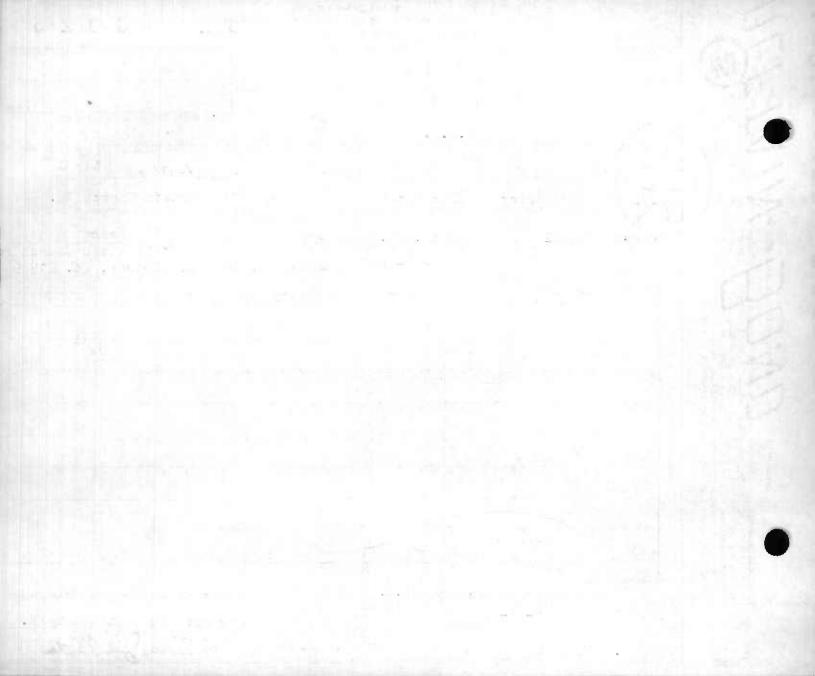
		FOR - STATE REGISTRAR				MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYD FICATE OF DEATH	GIENE 8 2	REG. NO.	1 3	0	2 2
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M	3. SE	X		4 RACE		5. DATE (OF BIRTH	6 AGE (IN YEAR			ONDER I YEAR	IF UNDER 24 HRS
		emale		White		May	1, 1917	65		YRS.		
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101						lospital						
35	130.	AL RESIDENCE (IF NORS STATE d.	13b COUN Frede	TY	136. CITY OR TOWN Frederick		13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌					
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		saw the decease	ed alive an_		5/14/19	12,0	nd that in (my) (our) opinion	death occurred a	n the date	and hour or		
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-		22d. PHYSICIAN'S NA	AME (TYPE OR	PRINT)	1		22e ADDRESS	S DIRECTOR [THISICIA			
NA I		Robert S	S. Hug	hes	- 3 9		Frederick,	Maryland	1			
≤	23a	BURIAL, CREMATION,	REMOVAL	23b. DATE	23¢ N	AME OF C	EMETERY OR CREMATORY	23d. LOCATIO	N			
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Francis H. Barber Laytonsville, Md. 20879

DHMH - 16 50M 1/81 (VRA 15, 4)

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T A		II. LOCATION STREET	1	CITY OR TOWN	COUR	ITY	STATE
SIGNATURE WWW.	,	Homicide TITLE (SPECII	Y)	mined manner	and in my apir], DATE SIGNED	F /:	12/82
EXAMINER'S NAME (TYPE OR PRINT) Thomas D. Smith	e, held an A	M DUenut.v(et Baltim			
Burial 5-14-82 Bro	Suicide	ADDRESS]]]]			COUNT	ingto	STATE
74 FUNERAL DIRECTOR NAME JOHN T. Williams Funeral Home	Suicide	ADDRESS]]]] ERY OR CREMATORY le Heights	23d LOC CITYOR Bro	wnsville	TICADILL	SNATURE	



OR ATTENDING PHYSICIAN: The low

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83	FOR STATE	DEPARTM

STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYGIENE 🙎

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		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	
		CEASED NAME OR PRINT)	HARIN	MIDOLE H.	1	NENTZel	20. DATE OF DEATH MONTH	124/82 26 HOUR 4 8 AM
		Female	4. RACE White		S. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER) YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
1	(RTHPLACE (STATE OR FOREIGN COUNTRY) Germany	USA	WHAT COUNTRY?	WIDOWE		Inty MD.	
1		TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET CK Memori	ADDRESS)	or other institution ospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	(IND USTRY) 126 KIND OF BUSINESS OR INDUSTRY
1	Per Per	AL RESIDENCE (IF NURSING HOME OF THE COUNTRY IN COUNTRY IN BET	NTY	13t. CITY OR TOW Reading		13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS	507 S. 15th St.
1	14 FA	THER'S NAME FIRST Unknown	MIDOLE	LAST		15. MOTHER'S MAIDEN NA.	WE	Hu ck
5	160 W	VAS DECEASED EVER IN U.S. AI	RMED FORCES? VE WAR OR DATES)	16b. SOCIAL SECU 210-24-3		Walthald Wen 1046 Scott S	tzel ADDRESS	a. 19611 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	TION	Conditions, if any, which gave rise to immediate couse [0], stating the underlying cause lost. PART 2 OTHER SIGNIFICANT						
	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
	MEDICAL CER	210. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 270. Certify that (I) (this hosp saw the deceased alive or above. (I) (we) (did) (did not 22b. SIGNATURE	?1e. PLACE (AT HOME, STI	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F. e deceased from	19 ARM, ETC) 2 , or	21f LOCATION STREET 23 - 19 22 nd that in (my) (our) opinion of the control of	, 10	county state 19 2, that (h (we) last d haur and from the couses stated
		22d PHYSICIAN'S NAME (TYPE O	PRINT)	KUSA	-1	335 Park		Swick MD 21767
	23e. B	URIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE

should be detached for use as the buriol-transit permit. Then please remove carbonapapers. Pages 1 and 2 should be filled within 72 hound the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other traumatic event, the

DHMH - 16 50M 1/B1 (VRA 15, 4)

Smitting Reeney and Basford 106 East Church St. Frederick, MD

21701

Pk. Exeter-Twnshp.Berks, Pa.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG NO L DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-John Taylor WILLIAMS DEATH MATED SEX 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF LINDER 24 HRS DATE PRONOUNCED Male White 1943 Aug. DEAD 7b. CITIZEN OF WHAT COUNTRY? Ta. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. DIVORCED Frederick County. WIDOWED MIT. PAGES I AND 2 SHOULD BE FILED.

E, DIVISION OF VITAL RECORD. 10. CITY OR TOWN OF DEATH 128. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Brunswick 100 Petersville Road Funeral Director Funeral USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE Frederick 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET ADDRESS Maryland Brunswick YES X 100 Petersville Road 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Williams Taylor Christine Cooper 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO Petersville Rd. IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes Mrs. Barbara Williams, Brunswick, Md. 2171 1964-67 213-40-2639 18 CAUSE OF DEATH (Enter only one cause per line for (a) and and APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ED AS A BURIAL - TRANSIT PERMI HEALTH AND MENTAL HYGIENE, DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 196 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? USED 20 AUTOPSY? TO BUR! YES OR: PAGE 3 SHOULD BE THE STATE DEPARTMENT 210 EXTERNAL GAUSE WAS UNDERLYING 21201 PRIOR CONTRIBUTING CAUSE OF DEATH PAGE 4 SHOUID BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALJIMORE, MARYDAND, 21201 AT WORK AT WORK 27a. I certify that I taak charge of the remains described above, held an and in my apinian Hamicide TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER Dr. Robert J. Thomas, M.D. 812 Toll House Ave. Frederick. Md. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 1982 Brownsville Heights Cem. Brownsville, Frederick, May 5, of funeral pirector keeney and Funeral Home Bassord **DHMH-17** 106 East Church Street, Frederick, Md. (VR A15 ME (5))

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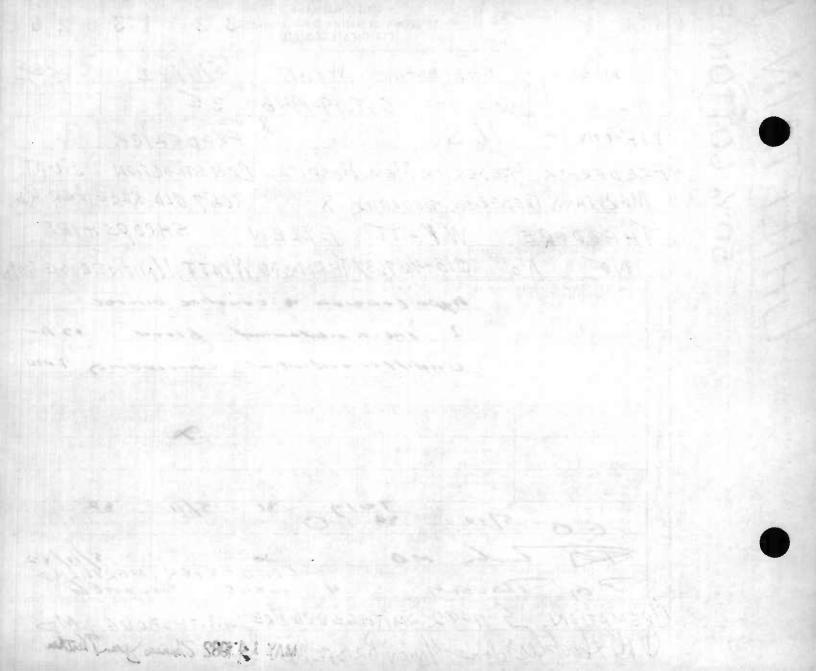
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